

4447 (2) N. 2 Library
N.-E. SUSSEX

ANNUAL REPORT
OF THE
NORTH-EASTERN
COMBINED
SANITARY DISTRICT
OF
WEST SUSSEX
1955

By the Medical Officer of Health :
KENNETH N. MAWSON, M.B., Ch.B., D.P.H.

TWENTIETH

ANNUAL REPORT

OF THE

NORTH-EASTERN COMBINED

DISTRICT

-of-

WEST SUSSEX

1955.

By the Medical Officer of Health:-

Kenneth N. Mawson. M.B., Ch.B., D.P.H.

Health Department,
Comewell House,
Horsham.

The Area District was re-constituted to include Horsham Urban, Horsham Rural and Petworth Rural Districts.

By Order in Council No. 88325.

This Report, the twentieth for the new arrangement of Districts, represents the eighty-second for the individual areas. During the years 1939 to 1943 it was necessary, owing to war conditions, to issue separate Reports for each of the three districts.

I N D E X

<u>Horsham Urban District</u>	...	...	...	10
<u>Horsham Rural District</u>	...	...	...	31
<u>Petworth Rural District</u>	...	...	...	47

WEST SUSSEX NORTH-EASTERN COMBINED DISTRICT

Health Department,
Comewell House,
Horsham.

June, 1956.

To the: Chairman and Members of the Horsham Urban and Horsham Rural
District Councils, and of the Petworth Rural District Council.

Ladies and Gentlemen,

I have pleasure in presenting my eighteenth Annual Report on the health of the three districts in the Combine, in which details are given of the work of the Health Departments during 1955. This report has been prepared in accordance with the Ministry of Health Circular 17/55.

It will be seen that the vital statistics are given separately for each of the three districts, and among them will be found the Registrar General's estimates of population. Small increases only have occurred in the Horsham Urban and Petworth Rural Districts, - 170 and 80 respectively, but there was again a very considerable increase in the population of the Horsham Rural District, which had risen to 47,770 in mid-1955. This figure, which shows a rise of 4,690 in twelve months, is of course solely due to the development in Crawley.

Among the statistics will be found details of births and deaths. I would again refer to the importance of disregarding variations in these figures when dealing with small areas of population. Thus in the Urban District of Horsham and the Rural District of Petworth the Infant Mortality Rates have dropped to the extremely low figures of 13.89 and 8.55, whereas in the Horsham Rural District, it was 23.16, - nearer the national level. Whereas the Birth Rates in the Urban District of Horsham and the Rural District of Petworth are a little below the average at 12.5 and 12.28, in the Horsham Rural District the figure of 20.79 was an exceptionally high one, and is attributable solely to the exceptionally youthful population in Crawley New Town.

Notifiable Disease.

As in the previous year the incidence of Scarlet Fever remained low and it is satisfactory to note that, of a total of thirty-two cases, only three required admission to hospital. Whereas at the turn of the century Scarlet Fever was a serious disease, which was apt to give rise to serious complications and carried a not inconsiderable mortality, the type of disease has now become very mild. The value of notification in this disease is doubtful, for only those cases which develop a rash are notifiable while many others, suffering from the same streptococcal infection, may only

show the signs and symptoms of tonsillitis, with or without fever. Nevertheless they may be dangerous sources of infection.

As is well-known, Measles tends to occur widely in alternate years. During 1955 a total of 1,964 cases were notified in the area of the Combine, as against 57 in the previous year. This was in accordance with the experience in the country as a whole.

There was an increase in the number of cases of Poliomyelitis during the year, five cases occurring in the Horsham Urban District and twelve in the Horsham Rural District, - of which nine were in Crawley. In this connection I would like to quote the following extract from my Annual Report for 1955. I then said:- "Whereas the practice prior to 1947 was to exclude child contacts from school, but not as a general rule to interfere with the movements of adults, it is now considered wise to encourage the self-isolation of all close contacts of any cases occurring in a district after a considerable interval of freedom from infection. All contacts excluded from work on this account have the right to insurance benefit equal to the ordinary sickness benefit, provided that the Medical Officer of Health certifies as to the necessity for exclusion. But the loss of the wage-earner's money is a serious matter to the family, and sickness benefit may be meagre by comparison. In certain cases the employer, if generous and far-sighted, may be willing to stand the contact off work in the interests of his fellow employees, but to pay him at normal rates. Surely it would be more satisfactory if, whenever the interests of the public as distinct from the individual require such exclusion from work, there should either be State compensation or, alternatively, Section 278 of the Public Health Act, 1936, should apply. By this means more efficient public health control could be exercised, but hardship to families avoided."

These remarks have a bearing on our experience in Crawley during the autumn of last year. During September, five cases of Poliomyelitis occurred there between the 5th and 28th of the month, four cases being in children below school age, and one in a child who had recently started school. On September 29th a man aged twenty-five was admitted to hospital with the same disease and during October three further adult cases were notified. Every effort was made to trace the contacts and to control their movements, and, in the cases of home contacts who were in employment, to advise the firms concerned to agree to exclusion from work. It was possible to issue certificates for National Insurance benefit to five of these adult contacts, and it is most satisfactory that in all cases the firms concerned agreed to make up the weekly income to the ordinary wage level. I am greatly indebted to the managements of A.P.V., The Universal Pattern Co. Ltd., Hellerman Ltd. and The Bell Precision & Engineering Co. Ltd. for their co-operation in this matter. Although it is impossible to be dogmatic, it is my belief that the actions taken may well have done much to prevent the spread of the disease.

The following list shows those diseases which are "Notifiable".

Cholera	Plague
Diphtheria	Pneumonia, Acute Primary
Dysentery	Pneumonia, Acute Influenzal
Encephalitis (Acute)	Poliomyelitis, Acute
Enteric Fever (Typhoid or Paratyphoid)	(Paralytic and Non-Paralytic)
Erysipelas	Puerperal Pyrexia
Malaria	Relapsing Fever
Measles	Scarlatina or Scarlet Fever
Membranous Croup	Smallpox
Meningococcal Infection	Tuberculosis (all forms)
Opthalmia Neonatorum	Typhus
	Whooping Cough

Routine enquiries are made by the staff of the Health Department, primarily with the object of tracing the source of infection, immediately on receipt of a notification of infectious disease. Advice is given as necessary to parents and arrangements made for the exclusion from school of any child contacts for the prescribed periods. In certain cases disinfection may be carried out.

Copies of notifications of Infectious Diseases are forwarded by the District Medical Officer of Health to the County Medical Officer within forty-eight hours of their receipt. Weekly returns of the numbers of cases of Infectious Disease notified are made to the Registrar General and to the County Medical Officer of Health.

Diphtheria Immunisation.

The following short extract is from an article which appeared some months ago in the "Nursing Times", -

"....It must indeed be many years since the tracheotomy bell was rung at St. Thomas' Hospital. This was a bell, in the care of the casualty sister, which was rung when a mother brought her child to hospital and the sister with many years experience made a diagnosis of diphtheria with laryngeal obstruction. She rang the bell and it was the hospital custom that the house staff stopped whatever they were doing and ran to outpatients. The first casualty officer to arrive on the scene did the tracheotomy."

How times have changed! Whereas during the decade of 1930-40 the number of notifications of this disease in England and Wales averaged 55,000 each year, with nearly 3,000 deaths, in 1954 only 167 confirmed cases occurred, with nine deaths. Many doctors now in practice have never had an opportunity of seeing a case of diphtheria, either as students,

as hospital officers, or in their practices. The vast majority of young parents have never known a case, either among their families or their friends, and this fact sometimes makes it difficult to persuade them of the need of preventive inoculation. Details of the number of children protected, whether by primary inoculation or by booster doses, are given separately for each District, and these show a fairly satisfactory level. However we still have far to go to achieve our objective, - namely, to secure the protection of not less than 75% of babies before the first birthday. During 1954 the level of primary immunisation in infants under one year, over the whole country, fell to the dangerously low level of 36%. Unless the present level of protection is not only maintained but improved, the disease may well return.

It is encouraging to learn that the West Sussex County Council have now made application to the Ministry for the inclusion of Whooping Cough immunisation in their scheme for protective inoculation. Whooping Cough is today the most serious infectious illness of childhood. Whilst it is true that the vaccine against this disease cannot offer the same degree of protection as in diphtheria, there is evidence of its value, even though complete immunity is not always achieved. Undoubtedly the most satisfactory proceeding is the use of a combined antigen which will give protection to the young child against both diseases by means of three injections in infancy, with single "booster" doses at the ages of two and five years.

Food Hygiene.

The most important event of the year under review, from the point of view of a Health Department, was the passing of the Food and Drugs Act, 1955, and the issue of the Food Hygiene Regulations which came into force on the 1st January, 1956. A strengthening of the powers of Local Authorities to enforce a satisfactory standard of food hygiene, and to compel the observation of proper standards was long overdue. Undoubtedly the new legislation has been welcomed. Yet, without question, the best chance of success lies in the field of education and in the achievement of close co-operation between the trade and Local Authorities, rather than in the rigid enforcement of the law.

When speaking of education in connection with Food Hygiene, it is important to realise that this may be interpreted in various ways. Undoubtedly organised talks, - or better still, short courses of lectures in which use is made of visual aids, - have their place. All Medical Officers and Health Inspectors welcome such opportunities of spreading knowledge, in talks to food-handlers or to other gatherings, for there can be no doubt that the average layman is woefully ignorant with regard to the causes and the means of prevention of food-poisoning. Yet I am convinced that, however firmly we may believe in the value of education and propaganda, routine inspections, repeated time and time again, offer the only real hope of effecting a lasting improvement in our methods of

food-handling. An increasing proportion of the time of the Health Inspectors must be devoted to this work; - a matter of no small difficulty in the many areas where the staffing is at a low level.

Again it must be remembered that the Health Inspector can ensure that food premises are kept clean, that there are adequate washing and toilet facilities, and that there is adequate equipment for the handling, storage and preparation of food, yet all these measures are of little avail if the individual worker neglects his own responsibilities.

In his report on the state of the public health in 1954, the Chief Medical Officer of the Ministry of Health reveals that the number of incidents during the year was 6,016, made up of 4,880 sporadic cases and 1,136 outbreaks, of which 630 were confined to single families. The number of incidents shows a rise of 14 per cent. over the previous year, and Sir John Charles concludes that, while it is difficult to interpret the year to year changes, it is clear that there was no reduction in reported Food Poisoning during 1954. Once again processed and made-up meat dishes, meat pies, re-heated meat, pressed meat and brawn, stews, sausages and sandwiches, were found to be the most important carriers of infection, being mentioned in 68 per cent. of the outbreaks due to a single dish. This confirms recent experience, so it is to the handling of this type of meat that the closest attention must be paid.

I was recently asked by the Public Health Committee of the newly formed Crawley Urban District Council to prepare a special report setting out the measures to be taken in the event of an outbreak of food poisoning. In the hope that the subject matter may be of interest to members of my other authorities, the report is included here as an Appendix. I might mention that in writing the report I made reference to the Ministry of Health "Memorandum on Food Poisoning" (Memo. 188/Med.) and to Clunie Harvey and Perry's "Food Hygiene Handbook" (Heywood & Co. Ltd. - price 15/-). This is a most useful and informative book which can be strongly recommended to any who wish for further information on this important subject.

Care of the Aged.

I am pleased to report that it was not necessary during the year to take action under Section 47 of the National Assistance Act in any of the three Districts, - for there can be few more distressing duties placed on any officer than that which compels him to play the principal part in the compulsory removal from his or her home of an elderly person. Several difficult cases were brought to the attention of the Department, but in all it was possible, by working in close co-operation with the District Welfare Officer, to find a satisfactory solution.

Perhaps the problems of the aged are most acute in our large towns and cities, but there are few places which escape them for the ageing of the population has now proceeded steadily for half a century. This is of

course due to the falling Birth Rate since 1900, together with the increased expectation of life attributable to the advances in medical treatment and to the provision of social amenities. Reference to the Report of the Royal Commission on Population, shows that within another twenty years the population over sixty-five years will be around ten million; - truly a disturbing reflection!

The National Health Service.

Several pages in the introduction to my last Annual Report were devoted to this subject, when I pointed out the enormous expenditure on the branches of this Service which afford treatment, contrasting it with the meagre sum available to the preventive services under the control of Local Authorities. Meanwhile the nation's drug bill continues to rise, a point which is dealt with briefly and in much lighter vein, in a short poem which appeared in the December issue of "Better Health". It comes from the pen of Mr. Edmund Quarry, the journal's editor, who, with suitable apologies to Mr. John Betjeman, describes it as "A very late chrysanthemum". Here it is -

"The peerless pills of England
Are loved by everyone.
In cottage small, in stately Hall,
In grisly flats ten storeys tall
They take 'em by the ton.

The magic drugs of England,
How wonderful they are!
They give us verve, elan, and nerve;
They soften the excessive curve,
And keep us "regular".

Sweet medicines of England,
That stay our morning cough;
They soothe the tum, and heal the gum,
And save the septic toe or thumb.
From being taken off.

Though medicines of England
Are sometimes merely trash
The chemists sigh contentedly
As you, the N.H.S., and I
Shower them with our cash."

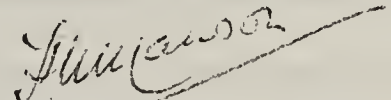
In an Appendix to this report will be found details of the General Provision of Health Services in the area.

As in the previous year, by kind permission of the Clerk to the Horsham Rural District Council, this Report, has been duplicated on the Multilith Machine. As the typing of Duplimats was undertaken by my Secretary, Miss M. Heydon, the high cost of printing was again avoided.

I would also like to express my appreciation of the work of the Senior Sanitary Inspectors and their staff during the year, and thank them for the provision of much of the information on which this Report is based.

I am, Ladies and Gentlemen,

Your obedient Servant,



Medical Officer of Health.

HORSHAM URBAN DISTRICT, 1955.Statistics & Social Conditions of the Area 1955.

Area (Acres)	1,891
Population at Census, 1951	16,682
Estimated resident population, mid-1955	17,210
Number of Inhabited Houses (end of March 1956) according to the Rate Books	5,731
Rateable Value (March 1956)	£174,099
Sum represented by a Penny Rate (estimated)	£685

EXTRACTS FROM VITAL STATISTICS OF THE YEAR

	<u>Total</u>	<u>M.</u>	<u>F.</u>	
Live Births (Legitimate....	212	92	120	) Birth Rate 12.5 per 1,000
(Illegitimate..	4	1	3	) estimated R.P. in mid-1955.
Still Births	2	2	0	) Rate per 1,000 total births = 9.26

Deaths 220 122 98 Crude Death Rate = 12.78

England & Wales Birth Rate = 15.0 Death Rate = 11.7

Birth Rate corrected by Comparability Factor = 13.5

Death Rate corrected by Comparability Factor = 10.09

West Sussex Urban Districts Birth Rate = 11.69 Death Rate = 15.44

Deaths from Puerperal Causes: (Deaths from Pregnancy, Childbirth & Abortion)

<u>Deaths</u>	<u>Rate per 1,000 Total Births</u>
0	0.00

Death Rate of Infants under 1 year of age:-

All Infants per 1,000 Live Births	13.89
Legitimate Infants per 1,000 Legitimate Live Births	14.15
Illegitimate Infants per 1,000 Illegitimate Live Births	0.00
(Infant Mortality Rate for England & Wales	24.9)

Extracts from Vital Statistics (Cont'd.):

Deaths from Cancer (all ages)	38 (34)
Deaths from Measles (all ages)	0 (0)
Deaths from Whooping Cough (all ages)	0 (0)

(Figures in brackets refer to 1954).

CAUSES OF DEATH IN HORSHAM URBAN DISTRICT

	<u>Males</u>	<u>Females</u>
1. Tuberculosis, respiratory	0 (3)	0 (0)
2. Tuberculosis, other	0 (0)	0 (0)
3. Syphilitic Disease	0 (0)	0 (1)
4. Diphtheria	0 (0)	0 (0)
5. Whooping Cough	0 (0)	0 (0)
6. Meningococcal Infections	0 (0)	0 (0)
7. Acute Poliomyelitis	0 (0)	0 (0)
8. Measles	0 (0)	0 (0)
9. Other infective and parasitic diseases	0 (0)	0 (1)
10. Malignant neoplasm, stomach	2 (2)	3 (3)
11. Malignant neoplasm, lung, bronchus	7 (6)	3 (0)
12. Malignant neoplasm, breast	0 (0)	2 (2)
13. Malignant neoplasm, uterus	0 (0)	4 (1)
14. Other malignant & lymphatic neoplasms	11 (9)	6 (11)
15. Leukaemia, aleukaemia	1 (2)	1 (2)
16. Diabetes	1 (1)	3 (0)
17. Vascular lesions of nervous system	15 (11)	20 (21)
18. Coronary disease, angina	13 (16)	9 (6)
19. Hypertension with heart disease	2 (1)	5 (1)
20. Other heart disease	22 (12)	18 (22)
21. Other circulatory disease	1 (5)	1 (9)
22. Influenza	1 (0)	0 (1)
23. Pneumonia	3 (0)	4 (5)
24. Bronchitis	21 (7)	6 (3)
25. Other diseases of respiratory system	1 (0)	0 (0)
26. Ulcer of stomach and duodenum	4 (1)	0 (0)
27. Gastritis, enteritis and diarrhoea	0 (0)	0 (2)
28. Nephritis and nephrosis	4 (0)	0 (3)
29. Hyperplasia of prostate	0 (1)	0 (0)
30. Pregnancy, childbirth and abortion	0 (0)	0 (0)
31. Congenital malformations	0 (0)	0 (0)
32. Other defined and ill-defined diseases	10 (10)	9 (12)
33. Motor vehicle accidents	0 (0)	0 (0)
34. All other accidents	2 (1)	3 (5)
35. Suicide	1 (2)	1 (0)
36. Homicide and operations of war	0 (0)	0 (0)

ALL CAUSES:12298

TABLE SHOWING VITAL STATISTICS - 1936-1955

YEAR	Est. Popu- lation	NO. OF BIRTHS						Birth Rate	No. of Deaths			Death Rate	Infant Death Rate	Natural Increase of Births over Deaths
		Legitimate			Illegitimate									
		M.	F.	Total	M.	F.	Total							
1936	14,520	94	103	197	7	9	16	14.66	109	85	194	13.36	46.9	19
1937	14,770	107	108	215	4	2	6	14.96	99	111	210	14.22	54.30	11
1938	14,880	98	88	186	8	4	12	13.31	94	85	179	12.03	30.30	19
1939	15,860	87	107	194	3	5	8	13.28	96	88	184	11.6	14.85	18
1940	16,540	92	109	201	4	3	7	12.63	143	113	256	15.47	50.23	-48
1941	17,210	120	89	209	9	5	14	12.95	109	121	230	13.36	58.3	-7
1942	16,490	116	116	232	13	9	22	15.4	108	105	213	12.9	39.3	41
1943	15,970	131	116	247	16	18	34	17.59	96	102	198	12.64	14.23	83
1944	15,310	136	130	266	14	27	41	20.05	110	98	208	13.58	42.34	99
1945	15.420	110	118	228	16	8	24	16.33	101	119	220	14.26	31.74	32
1946	16,590	124	138	262	11	13	24	17.23	109	112	221	13.32	31.69	65
1947	16,810	157	164	321	11	5	16	20.04	106	106	212	12.61	21.06	125
1948	16,420	138	123	262	5	8	13	16.76	92	105	197	11.99	21.81	78
1949	17,260	123	99	222	2	9	11	13.50	115	123	238	13.73	17.16	-5
1950	17,240	114	109	223	5	4	9	13.46	111	115	226	13.11	12.97	6
1951	16,890	102	107	209	1	4	5	12.66	112	139	251	14.86	28.04	-37
1952	16,810	103	100	203	4	4	8	12.55	104	126	230	13.68	18.96	-19
1953	16,810	110	100	210	4	2	6	12.85	104	124	228	13.56	18.69	-12
1954	17,040	105	107	212	6	7	13	13.20	90	111	201	11.79	26.66	11
1955	17,210	92	120	212	1	3	4	12.5	122	98	220	12.78	13.89	-4

Birth and Death Rates shown in above table have not been corrected by "Comparability Factor."
This figure was not available for the years 1938 to 1948.

SOCIAL CONDITIONS

The town of Horsham is a prosperous market and industrial centre in the Weald of Sussex, and is the main shopping and amusement centre for the surrounding populous rural district. Unemployment remains negligible.

PUBLIC HEALTH OFFICERS OF THE URBAN AUTHORITY(a) Medical:

Kenneth N. Mawson, M.B., Ch.B., D.P.H.,
Medical Officer of Health, part-time with
other districts in the Sanitary Combine; -
also Assistant County Medical Officer and
School M.O. to the West Sussex County
Council.

(b) Sanitary Inspectors:

E. Partridge, M.S.I.A., M.R.S.H.
Senior Sanitary Inspector.
Certificate of the Royal Sanitary Institute
for Sanitary Inspectors.
Certificate of the Royal Sanitary Institute
for Inspectors of Meat and Other Foods.

C.H. Street, M.S.I.A., M.R.S.H.
Additional Sanitary Inspector.
Certificate of the Royal Sanitary Institute
and Sanitary Inspectors' Examination Joint
Board.
Certificate of the Royal Sanitary Institute
for Inspectors of Meat and Other Foods.

P.H. Watson, M.S.I.A.
Second Additional Sanitary Inspector
(From 1st September, 1955)
Certificate of Royal Sanitary Institute
and Sanitary Inspectors' Examination Joint
Board.
Certificate of Royal Sanitary Institute
for Inspectors of Meat and Other Foods.

(c) Clerk: M. Frankell.

Most of the public health matters with which the Council is concerned are dealt with by the Public Health Committee. The Building and Town Planning and also the Housing Committee are to some extent concerned in these.

NOTIFIABLE DISEASES

The following cases were notified during 1955. The figures in brackets indicate the number of cases notified the previous year.

Scarlet Fever	1	(6)
Diphtheria	1	(2)
Measles	382	(8)
Whooping Cough	2	(2)
Cerebro-Spinal Meningitis	0	(1)
Pneumonia	2	(2)
Puerperal Pyrexia	7	(12)
Erysipelas	2	(4)
Poliomyelitis	5	(2)
Paratyphoid	1	(0)
Dysentery	26	(2)
Food Poisoning	0	(1)

The majority of cases of Puerperal Fever notified were among patients in the Horsham Hospital Maternity Unit. The rather strict provisions for the notification of these cases are obviously complied with more satisfactorily when patients are being nursed in hospital than when they remain at home for their confinements.

T U B E R C U L O S I S

Number of cases added to the Register during the year = 14

Pulmonary Males	6	Non-Pulmonary Males	1
Pulmonary Females	7	Non-Pulmonary Females	-

No deaths from tuberculosis occurred during the year.

The number of cases of tuberculosis on the Register at the 31st December, 1955, was 100.

DIPHTHERIA IMMUNISATION

During the year 145 children under 5 years of age, and 24 between the ages of 5 and 14 years, received the full course of immunisation. In addition, however, 381 children, who had previously been protected, were given a "reinforcing" dose. It is to be regretted that the level of primary immunisation of infants shows a fall during 1955, although the number given "booster" doses increased.

LABORATORY FACILITIES

Routine bacteriological work was referred mainly to the Public Health Laboratory at West Hill House, Epsom. We are indebted to Dr. Stone and her staff for their helpful co-operation. Samples of milk for "Biological Examination" were submitted to the Brighton Laboratory, and we are grateful to Dr. Jamieson for his help.

ACCOMMODATION FOR INFECTIOUS DISEASE

The responsibility for the provision of accommodation for cases of Infectious Disease now rests with the Regional Hospital Board, and no longer with the Local Sanitary Authorities. In this area, however, the previous practice whereby practitioners wishing to arrange admission of such cases approach the Health Department has been continued and works smoothly, both in and out of "office hours". Under this scheme the Department is informed of the cases much sooner, while the practitioner is relieved of the necessity of making several possibly lengthy telephone calls.

The following cases of notifiable disease were admitted to various hospitals during the period ending 31st December, 1955:-

Foredown Isolation Hospital:

Diphtheria	.. .. .	1
Poliomyelitis (Paralytic)	..	1
Poliomyelitis (Non-Paralytic)		5 (1 - DNC)
Paratyphoid	.. .. .	1

Bletchingly Hospital:

Dysentery	1
-----------	---------	---

SANITARY INSPECTIONS OF THE DISTRICT

Number of Notices served under the Public Health Acts:-

1.	Informal	..	..	..	..	..	..	57
2.	Statutory	..	..	..	..	..	..	11

Number of Notices complied with:-

1.	Informal	..	..	..	..	..	..	75
2.	Statutory	..	..	..	..	..	..	16

Inspections, etc.

Complaints received	..	..	..	..	..	185
Complaints remedied	..	..	..	..	..	141

Factories:

Number on Register	..	..	..	..	..	160
Inspections	..	..	..	..	..	105
Number of defects found	..	..	..	..	..	12
Number of defects remedied	..	..	..	..	..	9
Outworkers premises	..	..	..	..	..	1

Moveable Dwellings:

Inspections	..	..	..	..	..	107
Defects found and remedied	..	..	..	..	..	0

There are no Offensive Trades in the District.

Rag Flock and Other Filling Material Act, 1951.

No premises are licensed or registered under this Act. There are two premises in the District where repairs are carried out and Rag Flock used.

Shops Act:

Number of Inspections	..	..	..	..	125
Number of Defects found	..	..	..	..	12
Number of Defects remedied	..	..	..	..	12

Public House Conveniences:

Inspections	..	..	..	..	..	73
Defects found	..	..	..	..	..	25
Defects remedied	..	..	..	..	..	13

Sanitary Inspections of the District (Cont'd.):Common Lodging House:

Registered	..	..	..	..	..	..	..	1
Inspections	..	..	..	..	..	..	..	17
Defects found	..	..	..	..	..	..	..	1
Defects remedied	..	..	..	..	..	..	..	1

Notifiable Disease:

Visits and Enquiry into Notifiable Disease	..	109
Rooms Disinfected	.. .. ..	0
Books Disinfected	.. .. ..	23

Drainage:

Visits	.. .. ..	231
Drains repaired and tested	.. .. ..	6
New Drains laid and tested	.. .. ..	1
Drains cleared	.. .. ..	27
Premises connected to sewer	.. .. ..	0

Dustbins Provided:

Number Provided	.. .. ..	58
Number provided by Owners	.. .. ..	28
Number provided by Occupiers	.. .. ..	13
Number provided by Owner/Occupiers	.. ..	14
Number provided by the Council in default	..	3

Water:

Number of Samples taken from the Town's Supply (for particulars see Page 25)	.. ..	143
Premises connected to Water Supply	.. ..	0

Female Domestic Servants' Agencies:

Number Registered	.. .. ..	2
Number of Inspections	.. .. ..	7

Prevention of Damage by Pests Act, 1949:

Number of Complaints received	.. ..	240
Number of Properties Inspected	.. ..	5278
Total Number of Visits	.. ..	6230

Sanitary Inspections of the District (Cont'd.):Prevention of Damage by Pests Act, 1949 (Cont'd.):Action taken:

Poisoning	290
Structural Work necessary ..	15
Estimated number of rats killed ..	304
Estimated number of mice killed ..	24

Eradication of Vermin:

Number of visits in connection with vermin..	14
Number of rooms treated for vermin	26

PET ANIMALS ACT, 1951:

Four pet shops within the District are licensed in this respect.

Six visits and inspections were carried out during the year by the Sanitary Inspectors who are appointed as Inspectors for the purpose under this Act.

SMOKE ABATEMENT:

All industrial chimneys in the District have been kept under regular observation and there has been little cause for complaint.

One hundred and forty-six visits and inspections have been made and advice given.

INSPECTION AND SUPERVISION OF FOOD:

Under the Food & Drugs (Milk Dairies and Artificial Cream) Act, 1950, and the Milk (Special Designations) Act, 1949.

Number of Dairies Registered	4
Number of Visits made	56
Number of Distributors Registered	22
Number of Visits made	7

Licences Issued:

Tuberculin Tested	5
Tuberculin Tested (Supplementary)	1
Pasteurised	9
Sterilised	19

Sanitary Inspections of the District (Cont'd.):Other Food Premises:

There are 262 Food Premises in the District and 452 visits were paid to these during the year.

Details are given below:

Type of Premises	No. in District	No. of Visits
Grocers and General Stores	71	90
Bakers and Confectioners	41	32
Cafes, Restaurants, etc.	30	61
Kitchens and Canteens	10	10
Hotels and Public Houses	31	73
Greengrocers and Fruiterers	39	21
Butchers	19	62
Fishmongers and Fried Fish Shops	12	15
Wine Merchants	4	3
Markets	3	83
Mineral Water Manufacturer	1	1
Miller	1	1
TOTAL:	262	452

The number of defects found and remedied are as follows:-

Other Food Premises (Cont'd.):

DEFECT	Found	Remedied
Dirty walls and ceilings	16	13
Defective walls, ceilings, floors	6	4
Defective fittings	6	4
Insufficient protection of food-stuffs	4	4
Lack of facilities for the provision of hot water	3	1
Absence of clean towels, soap etc.	1	1
Lack of sufficient sanitary accommodation	1	0
Accumulation of refuse	0	0
Insufficient heating	0	0
TOTAL:	37	27

MILK SAMPLES.

Full use was again made of the facilities provided by the Public Health Laboratory at Brighton, for the biological examination of milk.

Of the seventy-three samples submitted, two were found to contain both *Mycobacterium tuberculosis* and *Brucella abortus*, while three others were found to contain *Brucella abortus*. Reports in each case were forwarded to the Divisional Veterinary Officer through the County Medical Officer of Health.

The dairy at which a large number of the samples were taken closed towards the end of the year. The number of samples for biological examination in 1956 will be reduced considerably as a result of this.

Milk for statutory examination was again sent to the Public Health Laboratory, Epsom. This laboratory is unable to carry out biological examinations owing to its restricted accommodation for laboratory animals.

Details of the samples taken and of the results of the laboratory examinations are set out in the following tables:-

MILK SAMPLES 1955.

GRADE	For Statutory and Biological Examination	For Statutory Examination only.	For Biologi- cal Examina- tion only.	Total No. of Samples
Tuberculin Tested	20	22	-	42
Ungraded Raw Milk	-	-	53	53
T.T. Pasteurised	-	30	-	30
Pasteurised	-	11	-	11
Sterilised	-	4	-	4
TOTAL:	20	67	53	140

RESULT OF STATUTORY EXAMINATION 1955.

GRADE	No. of samples	Sat. Exam.	Methylene Blue Test	Failed	
				Phosphate Test	Turbidity Test.
Tuberculin Tested	42	33	9	-	-
T.T. Pasteurised	30	30	-	-	-
Pasteurised	11	11	-	-	-
Sterilised	4	4	-	-	-
TOTAL:	87	78	9	-	-

RESULT OF BIOLOGICAL EXAMINATION 1955.

Grade	No. of samples	Exam. not completed	Positive for M. tuberculosis	Brucellosis	
				B.abortus isolated	B.melitensis isolated
Tuberculin Tested	20	2	-	-	-
Ungraded Raw Milk	53	3	2	5	-
TOTAL:	73	5	2	5	-

ICE-CREAM:

Number of Premises where Ice-Cream is manufactured .. 1
 Number of Premises registered for sale of Ice-Cream 80
 Visits Paid 39
 Samples taken 42

ICE-CREAM SAMPLES

No. of Samples taken	Prov. Grade I	Prov. Grade II	Prov. Grade III	Prov. Grade IV
42	36 (85.71%)	6 (14.28%)	-	-

UNSOUND FOOD:

Number of Visits to Food Premises to examine food .. 58
 Total weight of foods other than meat condemned ..

21 cwts. 35 lbs. 13 ozs.

MEAT INSPECTION:

Meat Inspection at the Council's slaughterhouse, the Bacon Factory and the two private slaughterhouses in the District, occupied a large proportion of the time of the Inspectors, both inside and outside normal office hours. As far as possible an Inspector was on duty while slaughtering was in progress at the Council's slaughterhouse and at the Bacon Factory, and visits were paid to the private slaughterhouses on slaughtering days. All animals killed in the District were inspected.

The following tables give details of animals killed and examined:-

	Cattle Excluding Cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed	852	147	780	799	20,060	Nil
Number inspected	852	147	780	799	20,060	Nil
<u>All diseases except Tuberculosis & Cysticerci</u>						
Whole carcasses condemned	2	4	6	1	13	-
Carcasses of which some part or organ was condemned	250	59	6	17	1,821	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	29.57%	42.85%	1.53%	2.25%	9.14%	-
<u>Tuberculosis only:</u>						
Whole carcasses condemned	2	-	1	-	1	-
Carcasses of which some part or organ was condemned	44	21	1	-	296	-
Percentage of the number inspected affected with tuberculosis	5.39%	14.28%	0.25%	-	1.43%	-

(Cont'd.)

Meat Inspection (Cont'd.):

	Cattle Excluding Cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
<u>Cysticercosis</u> Carcases of which some part or organ was con- demned	4	1	-	-	-	-
Carcases submitted to treatment by refrigeration	-	1	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-

Total weight condemned: 8 tons 2 $\frac{1}{2}$ cwt.

FASCIOLIASIS

<u>No. of Cattle Killed</u>	<u>No. of livers condemned</u>	<u>No. of part livers condemned</u>	<u>Total affected</u>
999	77	147	224 (22.42%)

MAIN WATER SUPPLY:

Regular sampling of the Town's water supply was carried out during the year.

This is supplied by the North West Sussex Joint Water Board and comes from the Hardham Pumping Station near Pulborough.

The following table gives the result of this sampling:

Main Water Supply (Cont'd.):

Taken from	No. of Samples	For Bact. Exam.	For Chemical and Bact. Exam.	Satisfactory	Coliforms present.
Star Reservoir	69	66	3	67	2
District	74	74	-	74	-
TOTALS:	143	140	3	141	2

Of the samples from the Star reservoir containing coliform organisms the counts were as follows:-

11th July, 1955: 3 presumptive coliforms per 100 ml.

19th September, 1955: 3 presumptive coliforms per 100 ml.

On the following page will be found a copy of the report on a sample of water taken from the Star Reservoir on the 31st October, 1955, for chemical and bacteriological examination.

All dwellinghouses in the District are supplied by public water mains and no dwellinghouse is supplied by a standpipe.

The number of dwellinghouses with a main supply is, therefore, 5,611 with an estimated population of 16,801.

COPY OF REPORT ON SAMPLE OF WATER

Date and time sample was taken; 31st October, 1955 at 9.35 a.m.

Date of receipt at Laboratory: 31st October, 1955.

Taken by C.H. Street.

Witness: A. Scott.

Taken from: Tap off gravity main from Star reservoir, Crawley Road.

Chemical Results in parts per million

Appearance	Clear and bright.	Turbidity	Nil
Colour filtered: 8		Odour	Faint chlorinous
pH 7.9		Free Carbon Dioxide	Trace
Electric Conductivity 420		Total Solids	280
Chlorine present as Chloride 24		Alkalinity as Calcium Carbonate 80	
Hardness: Total 145		Carbonate 80 Non-Carbonate 65	
Nitrate Nitrogen 2.2		Nitrite Nitrogen approx. 0.01	
Ammoniacal Nitrogen * 0.008		Oxygen Absorbed 0.75	
Albuminoid Nitrogen * 0.079		Residual Chlorine 0.15	
Metals Iron: less than 0.03, other metals absent.			

* To convert to Ammonia multiply by 1.21

Bacteriological Results

No. of Colonies developing on Agar:-

On Agar in 3 days at 20°C	7 per ml.
On Agar in 1 day at 37°C	7 per ml.
On Agar in 2 days at 37°C	9 per ml.

Probable No.

Presumptive Coli-Aerogenes Reaction Present in -	Absent from 100 per 100 ml.
Bact. Coli (Type 1) Present in -	Absent from 100 per 100 ml.
Cl. Welchii Reaction Present in -	Absent from 100 per 100 ml.

Report: This sample is clear and bright in appearance, on the alkaline side of neutrality and free from metals apart from a negligible trace of iron. The water has very moderate hardness and it contains no excess of salinity or mineral constituents in solution. It is free from noticeable colour and of very satisfactory organic quality. It is of a high standard of bacteriological purity. These results are indicative of a pure and wholesome water suitable for public supply purposes.

SWIMMING POOL:

The Council own the only public swimming pool, an open-air one situated in Horsham Park.

This pool has a continuous filtration plant and the break-point system of chlorination is used.

Regular weekly bacteriological and monthly chemical samples of water from the pool were taken during the season, making a total of 36.

A copy of the report on a sample taken for chemical and bacteriological examination on the 30th June, 1955, is as follows:-

COPY OF REPORT ON SAMPLE OF WATER.

Date and time sample was taken: 30th June, 1955 at 10.35 a.m.

Date of receipt at Laboratory: 30th June, 1955.

Taken by: C.H. Street. Witness: A. Scott.

Taken from: Deep End, Swimming Pool, Horsham Park.

Chemical Results in parts per million.

Appearance	Bright with very few particles.
Colour Nil	Turbidity 0.6
pH 6.9	Odour Chlorinous
Electric Conductivity 580	Free Carbon Dioxide 4
Chlorine present as Chloride 136	Total Solids 390
Hardness: Total ...	Alkalinity as Calcium Carbonate 22
Nitrate Nitrogen ...	Carbonate ... Non-Carbonate ...
Ammoniacal Nitrogen * 0.040	Nitrite Nitrogen Less than 0.01
Albuminoid Nitrogen * 0.12	Oxygen Absorbed 0.45
Metals Absent.	Residual Chlorine 0.40

* To convert to Ammonia multiply by 1.21

Bacteriological Results.

No. of Colonies developing on Agar:-

On Agar in 3 days at 20°C	2 per ml.
On Agar in 1 day at 37°C	1 per ml.
On Agar in 2 days at 37°C	2 per ml.

(Cont'd.)

Swimming Pool (Cont'd.):Copy of Report on Sample of Water (Cont'd.):

	Probable No.
Presumptive Coli-Aerogenes Reaction Present in -	Absent from 100 per 100 ml.
Bact. Coli (Type 1) Present in -	Absent from 100 per 100 ml.
Cl. Welchii Reaction Present in -	Absent from 100 per 100 ml.

Report: This sample is practically clear and bright in appearance, almost neutral in reaction and free from iron and other metals. The water is of satisfactory organic quality and of the highest standard of bacterial purity.
These results are indicative of water suitable for swimming bath purposes.

H O U S I N G1. Inspection of dwellinghouses during the year:

Total number of dwellinghouses inspected for housing defects (under Public Health and Housing Acts)	173
Number of dwellings (included under sub-heading above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	108
Number of dwellinghouses found to be in a state so injurious to health as to be unfit for human habitation	27
Number of dwellinghouses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	22

2. Remedy of defects during the year without service of formal notice:

Number of dwellinghouses rendered fit in consequence of informal action by the local Authority or their Officers	20
--	----

3. Action under Statutory powers during the year:Proceedings under Section 9, 10 and 16 of the Housing Acts, 1936 to 1949:

(a) Number of dwellinghouses in respect of which Notices were served requiring repairs	0
(b) Number of dwellinghouses which were rendered fit after service of formal Notices	0

Housing (Cont'd.):

3. (c) By Owners 0
- (d) By Local Authority in default of Owners 0
- Number of dwellinghouses in respect of which Notices
were served requiring defects to be remedied 0
- (a) Number of dwellinghouses in which defects were
remedied after service of formal Notices 0
- (b) By Owners 0
- (c) By Local Authority 0
4. Proceedings under Sections 11 and 13 of the Housing
Acts, 1936 to 1949:
- (a) Number of dwellinghouses in respect of which under-
takings were given by the Owner to repair 2
- (b) Number of dwellinghouses in respect of which under-
takings were fulfilled 1
- (c) Number of dwellinghouses in respect of which
Demolition Orders were made 0
- (d) Number of dwellinghouses which were demolished 0
5. Proceedings under Section 12 of the Housing Acts, 1936
to 1949:
- Number of separate tenements or underground rooms in
respect of which Closing Orders were made 0
6. Local Government (Miscellaneous Provisions) Act, 1953:
- (a) Where Demolition Order has been made and converted
to Closing Order under the above Act 0
- (b) Number of dwellinghouses in respect of which
Closing Orders have been made under Section 10 of
the above Act 5
- (c) Where Closing Order had been issued but work has
been carried out 2

Housing (Cont'd.):7. Housing Repairs and Rents Act, 1954:

- (a) Applications made by Occupiers for Certificates
of Disrepair and issued by the Local Authority 4
- (b) Applications made for Revocation of Certificates
of Disrepair and issued by the Local Authority 2

8. Housing Act, 1949 - Improvement Grants:

Number of dwellinghouses inspected for the purpose
of Improvement Grant 16

HORSHAM RURAL DISTRICT 1955Statistics & Social Conditions of the Area 1955

Area (Acres)	79,182
Population at Census 1951 (excludes Three Bridges area) ..	27,489
Estimated resident civilian population, mid-1955	47,770
Number of Inhabited Houses (December 1955) according to the Rate Books	15,531
(Of the above dwellings 12 were in hutted camps)	
Rateable Value (December 1955)	£425,207
Estimated Product of One Penny Rate	£1,710

EXTRACT FROM VITAL STATISTICS OF THE YEAR

	<u>Total</u>	<u>M.</u>	<u>F.</u>	
Live Births (Legitimate....	974	514	460	) Birth Rate 20,79 per 1,000) estimated R.P. in mid-1955.
(Illegitimate..	19	7	12	
Still Births	20	9	11	)Rate per 1,000 Total)Births = 20.14
Deaths	358	186	172	Crude Death Rate = 7.49
Corrected Birth Rate = 19.75 (using Comparability Factor)				
Corrected Death Rate = 7.41 (using Comparability Factor)				
England & Wales Birth Rate = 15.0		Death Rate = 11.7		
West Sussex Rural Districts Birth Rate = 15.24		Death Rate = 11.56		
Deaths from Puerperal Causes : (Deaths from Pregnancy, Childbirth & Abortion)				

DeathsRate per 1,000 Total Births

0

0.00

Death Rate of Infants under one year of age:-

All Infants per 1,000 Live Births	23.16
Legitimate Infants per 1,000 Legitimate Live Births	23.61
Illegitimate Infants per 1,000 Illegitimate Live Births ..	0
(Infant Mortality Rate for England and Wales	24.9)

Extract from Vital Statistics of the Year (Cont'd.):

Deaths from Cancer (all ages)	82 (71)
Deaths from Measles (all ages)	0 (0)
Deaths from Whooping Cough (all ages).....	0 (0)

The figures in brackets refer to 1954.

CAUSES OF DEATH IN THE HORSHAM RURAL DISTRICT

	<u>Males.</u>	<u>Females.</u>
1. Tuberculosis, respiratory	4 (3)	0 (1)
2. Tuberculosis, other	0 (0)	0 (1)
3. Syphilitic disease	3 (1)	0 (0)
4. Diphtheria	0 (0)	0 (0)
5. Whooping Cough	0 (0)	0 (0)
6. Meningococcal Infections	0 (0)	0 (0)
7. Acute Poliomyelitis	1 (0)	0 (0)
8. Measles	0 (0)	0 (0)
9. Other infective and parasitic diseases	0 (1)	0 (0)
10. Malignant neoplasm, stomach	5 (7)	2 (4)
11. Malignant neoplasm, lung, bronchus	10 (8)	2 (5)
12. Malignant neoplasm, uterus	0 (0)	1 (3)
13. Malignant neoplasm, breast	0 (0)	14 (7)
14. Other malignant and lymphatic neoplasms	25 (20)	23 (17)
15. Leukaemia, aleukaemia	2 (2)	0 (0)
16. Diabetes	0 (1)	0 (0)
17. Vascular lesions of nervous system	20 (25)	24 (38)
18. Coronary disease, angina	21 (19)	18 (16)
19. Hypertension with heart disease	3 (2)	4 (6)
20. Other heart diseases	29 (25)	30 (37)
21. Other circulatory disease	10 (9)	8 (3)
22. Influenza	0 (0)	1 (1)
23. Pneumonia	2 (6)	5 (8)
24. Bronchitis	12 (10)	1 (3)
25. Other diseases of respiratory system	1 (2)	1 (1)
26. Ulcer of stomach and duodenum	2 (1)	1 (0)
27. Gastritis, enteritis and diarrhoea	0 (0)	0 (0)
28. Nephritis and nephrosis	2 (1)	1 (0)
29. Hyperplasia of prostate	1 (2)	0 (0)
30. Pregnancy, childbirth and abortion	0 (0)	0 (1)
31. Congenital malformations	2 (0)	3 (1)
32. Other defined and ill-defined diseases	24 (21)	24 (17)
33. Motor vehicle accidents	2 (3)	2 (1)
34. All other accidents	3 (6)	6 (1)
35. Suicide	2 (2)	1 (0)
36. Homicide and operations of war	0 (0)	0 (1)
	<u>186</u>	<u>172</u>

TABLE SHOWING VITAL STATISTICS - 1936-1955

YEAR	Est. Popu- lation	NO. OF BIRTHS			Birth Rate	No. of Deaths			Death Rate	Infant Death Rate	Natural Increase of Births over Deaths			
		Legitimate M.	F.	Total		Legitimate M.	F.	Total						
1936	22,310	163	138	301	7	7	14	14.12	147	146	293	13.13	38.10	22
1937	22,430	127	139	266	4	4	8	12.22	155	147	302	13.46	43.80	-28
1938	22,340	152	119	271	11	3	14	12.76	140	131	271	12.13	63.16	14
1939	23,720	156	149	305	5	10	15	14.29	150	161	311	13.15	56.04	9
1940	25,240	145	155	300	13	4	9	11.84	152	150	302	11.96	55.01	7
1941	25,230	166	167	333	11	9	20	13.99	145	169	314	12.44	48.16	39
1942	24,870	174	178	352	12	12	25	15.15	146	151	297	11.94	29.18	80
1943	24,350	177	181	358	24	28	52	16.83	155	144	299	12.28	26.83	111
1944	23,680	184	182	366	28	22	50	17.56	141	150	291	12.28	48.07	125
1945	22,890	163	173	336	17	16	33	16.12	142	153	295	12.88	32.52	74
1946	23,660	194	187	381	22	12	34	17.54	168	131	299	12.63	48.19	116
1947	24,330	228	213	441	12	10	22	19.03	187	132	319	13.11	34.55	144
1948	26,780	224	222	446	7	18	25	17.58	129	142	271	10.11	33.97	200
1949	27,880	232	210	442	18	14	32	17.00	145	155	300	10.76	19.0	174
1950	27,990	224	208	432	9	9	18	16.06	157	138	295	10.54	35.55	137
1951	28,480	186	226	412	13	8	21	15.20	178	164	342	12.01	27.71	91
1952	30,350	247	216	463	9	5	14	15.71	152	176	328	10.81	16.77	149
1953	36,480	302	285	587	11	11	22	16.69	166	148	314	8.61	24.63	295
1954	43,080	405	404	809	8	10	18	19.19	177	173	350	8.12	22.97	477
1955	47,770	514	460	974	7	12	19	20.79	186	172	358	7.49	23.16	635

Birth and Death Rates shown in above table have not been corrected by "Comparability Factor". This figure was not available for the years 1938 to 1948.

SOCIAL CONDITIONS

The greater part of the Horsham Rural District, apart from two large brickworks at Warnham and Southwater, is essentially an agricultural and residential area. In the north-east corner, however, is the "New Town" of Crawley, - which now has a greater population than any town in West Sussex, apart from Worthing.

When the Crawley Development Corporation was formed in 1947, the population of what is now the area of the New Town was approximately 9,000. Apart from a few factory and railway workers who were employed locally, there were many residents who travelled daily to London to work. In addition there were small farms and market gardens.

By the end of 1955 the population had increased to nearly 30,000, the vast majority of new residents having moved from the London area. Of these, nearly all the incoming workers are employed in Crawley, and are therefore living within easy reach of their work places. The fact that long, tiring and costly daily journeys are no longer necessary, the greatly improved conditions met with in the factories and the advantages resulting from modern housing and purer air, are all factors which must contribute to a better standard of living and to conditions more favourable to physical well-being. The population of Crawley is an unusually youthful one. Whereas in the National Census of 1951 it was shown that 35% of the population of England and Wales was 45 years of age or older, in Crawley approximately 91% are under the age of 45 years. This fact is obviously of importance in considering the vital statistics of the area.

PUBLIC HEALTH OFFICERS OF THE RURAL AUTHORITY

(a) Medical:

Kenneth N. Mawson, M.B., Ch.B., D.P.H.
Medical Officer of Health, part-time with
other districts in the Sanitary Combine;
also Assistant County Medical Officer and
School M.O. to the West Sussex County Council.

(b) Sanitary Inspectors:

V. Bartrim, M.S.I.A., Senior Sanitary Inspector
Certificate of the Royal Sanitary Institute
for Sanitary Inspectors.
Certificate of the Royal Sanitary Institute
for Inspectors of Meat and Other Foods.
L.J.B. Baker, Sanitary Inspector
Certificate of the Royal Sanitary Institute
for Sanitary Inspectors.
Certificate of the Royal Sanitary Institute
for Inspectors of Meat and Other Foods.

(b) Sanitary Inspectors (Cont'd.)

A.D. Batty, M.S.I.A., M.R.S.H., Additional
Sanitary Inspector

Certificate of the Royal Sanitary Institute
and Sanitary Inspectors' Examination Joint
Board.

Certificate of the Royal Sanitary Institute
for Inspectors of Meat and Other Foods.

Certificate of the Institute of Hygiene in
General Hygiene.

Certificate of the Royal Sanitary Institute
in Sanitary Science applied to Buildings and
Public Works.

T. Steel, M.S.I.A., Additional Sanitary
Inspector (Crawley area)

Certificate of the Royal Sanitary Institute
and Sanitary Inspectors Joint Board.

Certificate of the Royal Sanitary Institute
for Inspectors of Meat and Other Foods.

(c) Clerk Mrs. V. Ballard.

Most of the public health matters in which the Council are concerned are dealt with by the General Purposes Committee. In April 1953 matters arising in Crawley became the responsibility of the Crawley Parochial Committee. Naturally the Housing and Drainage Committee is also concerned to some extent in matters of public health.

NOTIFIABLE DISEASE

The following cases were notified during 1955. The figures in brackets indicate the corresponding number for the previous year.

Scarlet Fever	19 (20)
Whooping Cough	62 (67)
Measles	1427 (49)
Erysipelas.....	1 (0)
Pneumonia	14 (10)
Puerperal Pyrexia	6 (2)
Poliomyelitis	12 (2)
Dysentery	2 (13)
Cerebro-Spinal Meningitis	0 (0)
Ophthalmia Neonatorum	0 (0)
Paratyphoid B	3 (0)
Food Poisoning	1 (8)

T U B E R C U L O S I S

Number of cases added to the Register during the year = 76

Pulmonary Males	36	Non-Pulmonary Males	3
Pulmonary Females	34	Non-Pulmonary Females	3

Four deaths, all in males, were certified as being attributable to Pulmonary Tuberculosis.

The number of cases of Tuberculosis on the Register at the 31st December, 1955, was 258, an increase during the twelve months of 26. This is due to the steady increase of population, mainly in the Crawley area.

DIPHTHERIA IMMUNISATION

During the year 704 children under 5 years of age, and 166 between the ages of 5 and 15 years, received the full course of immunisation. In addition 1,048 children, who had previously been protected, were given a "reinforcing" dose.

LABORATORY FACILITIES

Routine bacteriological work throughout the year again referred mainly to the Public Health Laboratory at West Hill House, Epsom, but milk samples for biological examination were sent to the Brighton Laboratory.

ACCOMMODATION FOR INFECTIOUS DISEASE

The responsibility for the provision of accommodation for cases of Infectious Disease now rests with the Regional Hospital Board, and no longer with Local Sanitary Authorities. In this area, however, the previous practice whereby practitioners wishing to arrange admission of such cases approach the Health Department has been continued and works smoothly, both in and out of "office hours". Under this scheme the Department is informed of the cases much sooner, while the practitioner is relieved of the necessity of making several possibly lengthy telephone calls.

The following cases of notifiable disease were admitted during the period ending 31st December, 1955:-

Swandean Isolation Hospital:

Scarlet Fever	1
Measles	1

Foredown Isolation Hospital:

Scarlet Fever	1
Poliomyelitis (Paralytic)	10 (2 DNC)
Poliomyelitis (Non-Paralytic)	2
Measles Encephalitis	1
Paratyphoid B	1

Redhill County Hospital:

Paratyphoid B	2
---------------------	---

Godstone I.D. Hospital

Measles	1
---------------	---

Bletchingley Fever Hospital:

Measles	1
---------------	---

Cuddington Isolation Hospital:

Scarlet Fever	1(DNC)
---------------------	--------

SANITARY CIRCUMSTANCES OF THE AREAWATER:

PLACE	Samples taken	Bact.	Chem.	Satisfactory	B.Coli present over 3 per 100 ml.
Adversane	11	11	-	11	-
Coneyhurst	11	11	-	11	-
Coolham	11	11	-	11	-
Cowfold	2	2	-	2	-
Crawley	55	53	2	50	5
Horsham Rural	2	1	1	2	-
Itchingfield	3	3	-	3	-
Partridge Green	5	5	-	5	-
Shipley	10	10	-	10	-
Slinfold	1	1	-	1	-
Warnham	3	3	-	3	-
TOTALS:	114	111	3	109	5

The following table shows the number of dwellinghouses and the estimated population in each Parish supplied with main water:

PARISH	No. of dwelling-houses supplied with Main Water direct to the houses.	Estimated population
Billingshurst	863	2,848
Cowfold	322	1,063
Crawley	9,014	29,746
Horsham Rural	1,282	4,231
Itchingfield	232	766
Lower Beeding	288	950
Nuthurst	268	884
Rudgwick	391	1,290
Rusper	205	667
Shipley	320	1,056
Slinfold	358	1,181
Warnham	426	1,406
West Grinstead	397	1,310
TOTALS:	14,366	47,398

Sanitary Circumstances of the Area (Cont'd.):

New houses connected to main supply	2090
Existing houses connected to main supply	44
Bacteriological samples taken from Private Supply	13
Number of samples found unsatisfactory	10

INSPECTIONS, ETC.

Number of notices served under the Public Health Act:-

Formal	10
Informal	299

Number of notices complied with:-

Formal	12
Informal	269
Complaints received	309
Inspections	475
Re-inspections	1,128

Inspection and Supervision of Food:Food Premises:

Inspections	459
-------------------	-----

Bakehouses:

Number on register	13
Inspections	55
Defects found	9
Defects remedied	8

Milk Supply:Dairies:

Number registered	2
Visits of inspection	2

Number of Registered Purveyors of Milk	43
--	----

Inspections, etc. (Cont'd.):Dealers' Licences:

Tuberculin Tested	24
Pasteurised	28
Sterilised	15
T.T. Pasteurised	10

Number of notices served under the Milk and Dairies Regulations, 1949:

(a) Statutory	-
(b) Informal	9

Number of notices complied with:

(a) Statutory	-
(b) Informal	10

MILK SAMPLES:Bacteriological examination of milk:

Designation	Samples taken	Up to standard	Below standard Failed Methylene Blue Test
T.T. Pasteurised	30	30	-
Tuberculin Tested	10	9	1
Pasteurised	36	35	1
Sterilised	-	-	-
Totals:	76	74	2

Food and Drugs Act, 1938:

Number of notices served:

(a) Statutory	-
(b) Informal	76

Number of notices complied with:

(a) Statutory	1
(b) Informal	19

Ice-cream

Number of premises registered for the sale of ice-cream.. 109
 Visits paid 40
 Number of ice-cream samples taken 20

No. of samples taken.	Provisional Grade I.	Provisional Grade II	Provisional Grade III	Provisional Grade IV
20	15	3	2	-

MEAT AND OTHER FOODS:

The following articles of food were examined during the year and condemned as unfit for human food:-

3 tins Ox-tongue (18 lbs.)	2 tins Treacle
2 " Pilchards	2 " Baby food
131 " Fruit	1 jar Marmite
1 " Meat Loaf ($5\frac{3}{4}$ lbs.)	15 lbs. Bacon
6 " Tomatoes (13 lbs.)	8 lbs. Black Pudding
2 " Pork luncheon meat	147 lbs. Beef
40 " Vegetables	25 " Irish rabbits
48 " Milk	59 " Sausages
1 " Jellied veal (6 lbs.)	4 " Polony
1 " Pressed pork (7 lbs.)	$5\frac{1}{4}$ " Bath chaps
66 " Meat	14 " Dry cod fillets
58 " Fish	7 " Egg albumen
2 " Corned beef (12 lbs.)	56 " Skimmed milk powder
3 " Peaches	$4\frac{1}{2}$ " Cream biscuits
11 " Ham	36 " Fruit puffs
7 " Soup	12 Pork pies
11 " Preserve	48 Faggots

Outworkers' Premises:

Inspections 15

Moveable Dwellings:

Inspections 76
 Number of notices served 9

Public House Conveniences:

Inspections 97

Infectious Disease:

Visits of enquiry	88
Rooms disinfected	41

Eradication of Bed Bugs and Fleas etc.

No. of visits in connection with vermin	11
No. of rooms treated for vermin	8

Drainage Work:

Drains relaid and tested	45
Houses connected to main drainage	194
Houses provided with flushing cisterns	18
Privies converted to E.C.'s	-
E.C.'s converted to W.C.'s	20

Dustbins:

New dustbins supplied	20
-----------------------------	----

Rodent Control:

No. of complaints received	426
No. of infested premises found as a result of survey ..	1,239
Estimated number of rats killed	1,531
Estimated number of mice killed	64
Number of rats picked up after treatment	1,852

During the year, the Council's sewers were tested, with negative results.

Knackers Yards:

Number of premises registered	2
Inspections	30

MEAT INSPECTION:

During the year, 395 visits for the purpose of meat inspection have been made to the four private slaughterhouses within the Rural District.

The following table gives details of animals slaughtered and inspected during the year, and particulars of meat and offals condemned:

Meat Inspection (Cont'd.):Carcases and Offal inspected and condemned in whole or in part.

	Cattle Excluding Cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed	288	-	91	914	592	-
Number inspected	288	-	91	914	592	-
<u>All diseases except Tuberculosis and Cysticerci</u>						
Whole carcasses condemned	-	-	1	-	1	-
Carcases of which some organ or part was condemned	46	-	-	2	3	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	16%	-	1.1%	0.2%	0.7%	-
<u>Tuberculosis only</u>						
Whole carcasses condemned	-	-	-	-	-	-
Carcases of which some part or organ was condemned	18	-	-	-	9	-
Percentage of the number inspected affected with tuberculosis	6.3%	-	-	-	1.5%	-
<u>Cysticercosis</u>						
Carcases of which some part or organ was condemned	-	-	-	-	-	-

(Cont'd.)

Meat Inspection (Cont'd.):

	Cattle Excluding Cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
Carcases submitted to treatment by refrigeration	-	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-

HOUSING

Inspection of dwellinghouses during the year:-

Total number of dwellinghouses visited for
housing defects (under Public Health and
Housing Acts) 1085

Houses demolished or closed in the period1. Housing Act 1936

- (a) Demolished as a result of formal or informal
procedure (Sec. 11) 13
- (b) Closed in pursuance of an undertaking given by
the owners under Sec. 11 and still in force 54
- (c) Parts of buildings closed (Sec. 12) -

2. Housing Act 1949

Closed as a result of closing orders under
Secs. 3(1) and 3(2) -

3. Local Government (Miscellaneous Provisions) Act 1953

Closed as a result of closing orders under
Secs. 10(1) and 11(2) 1

Repairs in the period

4. Unfit houses rendered fit and houses in which defects
were remedied during the period as a result of informal
action by the local authority under the Housing and
Public Health Acts 23

Housing (Cont'd.):

5.	<u>Public Health Acts</u> - action after service of formal notice:	
	(a) by owners	1
	(b) by local authority in default of owners	-
6.	<u>Housing Act 1936</u> - action after service of formal notice (Secs 9, 10, 11 and 16)	
	(a) by owners	4
	(b) by local authority in default of owners	-
7.	<u>Housing Repairs and Rents Act 1954</u>	
	Houses reconstructed, enlarged or improved and Demolition Orders revoked (Sec. 5)	-
	<u>Unfit houses in temporary use (Housing Repairs and Rents Act 1954)</u>	
	<u>Position at end of period</u>	
8.	(a) Houses retained for temporary accommodation and approved for grant under Sec. 7	-
	(b) Separate dwellings contained in (a) above	-
	(c) Houses licensed for temporary occupation (Sec.6) ...	-

Housing Act, 1936 (Part IV)- Overcrowding

(a)	1. Number of dwellings overcrowded at the end of the year	1
	2. Number of families dwelling therein	1
	3. Number of persons dwelling therein	13
(b)	Number of new cases of overcrowding reported during the year	-
(c)	Number of cases of overcrowding relieved during the year	2
(d)	Number of formal notices to abate overcrowding	-
(e)	Number of formal notices complied with	-

FACTORIES ACT 1937

Inspections for purposes of provisions as to health:-

- (1) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities:-

Factories Act 1937 (Cont'd.):

No. on Register	Inspections	Written notices	Occupiers Prosecuted
17	56	-	-

(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority:-

No. on Register	Inspections	Written notices	Occupiers Prosecuted
152	213	8	-

(3) Totals of (1) and (2):-

No. on Register	Inspections	Written notices	Occupiers Prosecuted
169	269	8	-

Cases in which defects were found:

	Found	Remedied
Want of cleanliness	4	4
Sanitary Conveniences:		
Insufficient.....	1	3
Unsuitable or defective	4	3
Not separate for sexes	-	-
TOTAL:	9	10

PETWORTH RURAL DISTRICT 1955Statistics & Social Conditions of the Area 1955

Area (Acres)	45,495
Population at Census, 1951	9,184
Estimated resident population, mid-1955	9,530
Number of inhabited houses (end of 1955) according to the Rate Books	3,043
Rateable Value	62,020
Sum represented by a Penny Rate	£238

EXTRACTS FROM VITAL STATISTICS OF THE YEAR

	<u>Total</u>	<u>M.</u>	<u>F.</u>	
Live Births (Legitimate	111	60	51	) Birth Rate 12.28 per
(Illegitimate....	6	5	1	) 1,000 estimated R.P.
				in mid-1955.
Still Births	1	1	0	) Rate per 1,000 total
				) births 8.55.
Deaths	102	53	49	Death Rate = 10.70
Birth Rate corrected by Comparability Factor = 14.12				
Death Rate corrected by Comparability Factor = 7.81				
England & Wales Birth Rate = 15.0 Death Rate = 11.7				
West Sussex Rural Districts Birth Rate = 15.24 Death Rate = 11.56				
Deaths from Pregnancy, Childbirth and Abortion = 0				
Death Rate of Infants under one year of age:-				
All Infants per 1,000 Live Births 8.55				
Legitimate Infants per 1,000 Legitimate Live Births 9.01				
Illegitimate Infants per 1,000 Illegitimate Live Births 0				
(Infant Mortality Rate for England & Wales24.9)				

Extracts from Vital Statistics (Cont'd.):

Deaths from Cancer (all ages)	17	(25)
Deaths from Measles (all ages)	0	(0)
Deaths from Whooping Cough (all ages)	0	(0)

The figures in brackets are for 1954.

CAUSES OF DEATH IN THE PETWORTH RURAL DISTRICT

	<u>Males</u>	<u>Females</u>
1. Tuberculosis, respiratory	0 (1)	0 (0)
2. Tuberculosis, other	0 (0)	0 (0)
3. Syphilitic disease	0 (0)	1 (0)
4. Diphtheria	0 (0)	0 (0)
5. Whooping Cough	0 (0)	0 (0)
6. Meningococcal infections	0 (0)	0 (0)
7. Acute Poliomyelitis	0 (0)	0 (0)
8. Measles	0 (0)	0 (0)
9. Other infective and parasitic diseases	0 (0)	0 (0)
10. Malignant neoplasm, stomach	1 (1)	1 (1)
11. Malignant neoplasm, lung, bronchus	4 (3)	1 (0)
12. Malignant neoplasm, breast	0 (0)	2 (3)
13. Malignant neoplasm, uterus	0 (0)	1 (2)
14. Other malignant & lymphatic neoplasms	5 (9)	2 (6)
15. Leukaemia, aleukaemia	0 (1)	0 (0)
16. Diabetes	1 (0)	0 (0)
17. Vascular lesions of nervous system	7 (10)	8 (9)
18. Coronary disease, angina	10 (13)	10 (8)
19. Hypertension with heart disease	0 (1)	1 (1)
20. Other heart disease	8 (15)	7 (9)
21. Other circulatory disease	1 (2)	1 (2)
22. Influenza	1 (1)	1 (1)
23. Pneumonia	2 (4)	3 (2)
24. Bronchitis	1 (1)	2 (1)
25. Other diseases of respiratory system	2 (1)	0 (0)
26. Ulcer of stomach and duodenum	1 (1)	1 (3)
27. Gastritis, enteritis and diarrhoea	1 (0)	0 (1)
28. Nephritis and nephrosis	1 (0)	0 (0)
29. Hyperplasia of prostate	2 (1)	0 (0)
30. Pregnancy, Childbirth and Abortion	0 (0)	0 (0)
31. Congenital malformations	1 (0)	0 (1)
32. Other defined and ill-defined diseases	1 (5)	6 (4)
33. Motor vehicle accidents	1 (0)	0 (0)
34. All other accidents	1 (1)	0 (1)
35. Suicide	1 (0)	0 (0)
36. Homicide and operations of war	0 (0)	0 (0)
ALL CAUSES:	<u>53</u>	<u>48</u>

TABLE SHOWING VITAL STATISTICS - 1936-1955

YEAR	Est. Popu- lation	NO. OF BIRTHS				Birth Rate	No. of Deaths		Death Rate	In- fant D. Rate	Natural Increase of Births over deaths		
		<u>Legitimate</u> M. F. Total	<u>Illegitimate</u> M. F. Total	M. F. Total	M. F. Total								
1936	8,190	49	59	108	5	2	7	53	50	103	12.58	26.09	12
1937	8,160	52	56	108	1	5	6	59	42	101	12.38	52.63	13
1938	8,100	58	52	110	6	8	14	49	48	97	11.98	64.52	27
1939	8,100	58	46	104	4	4	8	71	46	117	13.7	35.7	-5
1940	9,490	53	59	112	3	5	8	58	71	129	13.6	72.0	-9
1941	9,710	56	67	133	1	1	2	55	58	113	11.6	22.39	22
1942	8,930	85	53	138	8	4	12	88	63	151	16.9	53.3	-1
1943	8,520	68	61	129	10	8	18	48	57	105	12.32	20.4	42
1944	8,510	80	75	155	15	6	21	53	68	121	14.21	73.86	55
1945	8,430	54	56	110	10	10	20	59	54	113	13.4	23.07	17
1946	8,700	70	67	151	6	8	14	47	51	98	11.26	12.12	67
1947	9,000	88	65	153	6	9	15	63	48	111	12.33	29.76	57
1948	10,210	80	82	162	12	7	19	57	62	119	11.65	22.1	62
1949	9,530	67	69	136	3	6	9	58	67	125	13.11	27.58	20
1950	9,640	80	78	158	2	6	8	60	54	114	11.82	00.00	52
1951	9,460	42	63	105	3	4	7	81	71	152	16.07	44.64	-40
1952	9,410	69	54	123	3	2	5	60	41	101	10.73	00.00	27
1953	9,360	77	52	129	3	2	5	52	51	103	11.00	52.24	31
1954	9,450	68	69	137	0	1	1	71	55	126	13.33	29.19	11
1955	9,530	60	51	111	5	1	6	53	49	102	10.70	8.55	15

Birth and Death Rates shown in above table have not been corrected by "Comparability Factor". This figure was not available for the years 1938-1948.

PUBLIC HEALTH OFFICERS OF THE RURAL AUTHORITY(a) Medical:

Kenneth N. Mawson, M.B., Ch.B., D.P.H.
 Medical Officer of Health, part-time with
 other districts in the Sanitary Combine;
 also Assistant County Medical Officer and
 School M.O. to the West Sussex County Council.

(b) Sanitary Inspectors:

Norman Green, M.R.S.H., A.M.I.P.H.E., M.S.I.A.
 Incorporated Sanitary Engineer.

Senior Sanitary Inspector and Engineer.

1. Certificate of the Royal Sanitary Institute and Sanitary Inspectors' Examination Joint Board for Sanitary Inspectors.
2. Certificate of the Royal Sanitary Institute for Inspectors of Meat and Other Foods.
3. Certificate of the Royal Sanitary Institute for Advanced Knowledge of the Duties of a Sanitary Inspector.
4. Certificate for Associate Membership Examination of the Institution of Public Health Engineers.
5. Certificate of the Royal Sanitary Institute in Sanitary Science as applied to Buildings & Public Works.
6. Certificate (Hons.) of the Institute of Hygiene in General Hygiene.

J.D. Hackford, M.S.I.A., A.M.I.P.H.E.
 Additional Sanitary Inspector.

1. Certificate of the Royal Sanitary Institute and Sanitary Inspectors Examination Joint Board.
2. Certificate of the Royal Sanitary Institute for Inspectors of Meat and Other Foods.
3. Certificate of the Royal Sanitary Institute in Sanitary Science as applied to Buildings and Public Works.
4. Certificate for Associate Membership Examination of the Institution of Public Health Engineers.

(c) Assistant Engineer:

E.T. Lee, Student of I.Mun.E.

(d) General Clerk:

Mrs. A.R. Armour.

There is no Public Health Committee in the Petworth Rural District, - the monthly and annual reports of the Health Department being presented at the monthly meeting of the Council.

SOCIAL CONDITIONS

The district is mainly agricultural in character with dairy and arable farming predominating. There is a large area in the Northern part of the district noted for apple growing, with a sorting, grading and packing centre. Forestry, building and agricultural engineering and public services are responsible for most of the remaining labour conditions.

Building of new houses by the local authority and by private enterprise continued during the year at a pace only limited by the labour available, and the same comment applies to reconditioning of sub-standard cottages.

NOTIFIABLE DISEASES

The following cases were notified during the year. The figures in brackets indicate the corresponding number for the previous year:-

Scarlet Fever	12	(4)
Measles	155	(0)
Whooping Cough	5	(51)
Pneumonia	11	(15)
Erysipelas	0	(1)
Puerperal Pyrexia	1	(0)

T U B E R C U L O S I S

Number of cases added to the Register during the year = 10

Pulmonary Males	4	Non-Pulmonary Males	1
Pulmonary Females	4	Non-Pulmonary Females	1

No deaths from tuberculosis were certified during the year.

The number of cases of tuberculosis on the register at the 31st December, 1955, was 52.

DIPHTHERIA IMMUNISATION

During the year 89 children under 5 years of age, and 23 between the ages of 5 and 14 years, received the full course of immunisation. In addition 170 children, who had previously been protected, were given a "reinforcing" dose.

It should be noted that the level of primary immunisation among infants showed a fall during the year.

LABORATORY FACILITIES

All bacteriological work for the District is now carried out at the Public Health Laboratory at Portsmouth.

We are indebted to Dr. Hughes and his staff for their helpful co-operation.

ACCOMMODATION FOR INFECTIOUS DISEASE

Responsibility for the provision of accommodation for Infectious Disease now rests with the Regional Hospital Board.

The following cases were admitted to various hospitals during the period ending 31st December, 1955:-

Royal West Sussex Hospital, Chichester.

Pneumonia 1

Chichester Isolation Hospital

Measles 1

Petworth Cottage Hospital:

Pneumonia 2

Swandean Hospital:

Scarlet Fever 1

Measles 5

WATER SUPPLY:

The boreholes at Haslingbourne continued to supply about half the water used. Although they are capable of supplying a little more, there is some evidence that the yield is falling.

The springs near the pumping station together supplied the remaining half of the public supply, and here too there is at present a small surplus of water.

The pumping rate at the Waterworks is about 26,000 gallons per hour, and the average daily consumption throughout the year was 479,710 gallons per day (1954 - 441,150 gallons).

The chlorination of the water supply at the pumping station prior to distribution was continued at the dosage rate of .26 parts per million.

Water Supply (Cont'd.):

A new medium-level reservoir of reinforced concrete construction was built at Brinksole Heath, Petworth, during the year. The capacity of this reservoir is 240,000 gallons, and may be used to supply either the Southern part of the rural district or the town of Petworth. Normally it is being used to supply part of the Southern area. The low-level reservoir supplies Petworth, and the high-level reservoir supplies the whole of the Northern area of the district.

Some difficulty was experienced in maintaining the supply of water at certain high points in the extreme Northern parts at peak periods of demand, and for a time during August and September the village of Plaistow and a few farms were without a constant supply for some hours each day, principally during the morning.

A scheme to overcome this difficulty was considered by the Council and submitted to the Ministry of Housing and Local Government in draft form before the end of the year. Alternative suggestions were made by Ministry officials and these were under consideration at the close of the year.

New water mains were laid during the year as follows:-

Private Housing Estate, The Fleet, Fittleworth.
Back Lane, Plaistow.
Connecting mid-level and low-level Reservoirs.

Fifty-eight new connections have been made to the mains during the year, supplying eighty-two properties. 2,946 properties are now supplied with water from the Council's mains, which is 90.7% of the total properties in the District.

All private supplies are tested bacteriologically at intervals; where adverse results are indicated advice is offered to the owners or householders. In some cases the distance from the public mains makes the cost too heavy for a change-over to be made although it may be desirable.

The number of properties connected in each parish was:-

Barlavington	27
Bignor	38
Bury	210
Duncton	101
Fittleworth	236
Kirdford	301
Loxwood	274
Northchapel	215
Petworth	823

Water Supply (Cont'd.):

Plaistow	293
Stopham	32
Sutton	58
Wisborough Green	338

The only standpipes allowed are for temporary supplies; - otherwise all supplies must be taken inside the house over a sink.

The annual statistics relating to the pumping station are given in Appendix I at the end of the report.

Sewerage and Drainage:

A few more properties were connected to the public sewer in Wisborough Green during the year, but there still remain forty-six dwellings with private cesspools. These cesspools are not emptied free of charge.

Two additional dwellings were connected to the public sewer at Northchapel, but there are still eight cottages not connected.

The scheme for the reconstruction of Petworth southern sewage outfall works was further investigated by the Ministry of Housing and Local Government in October and some minor alterations were requested. These were agreed by the Council's Consulting Engineers and it is anticipated that work on the project will commence in the spring of 1956.

The drainage scheme for Fittleworth was prepared during the year and submitted to the County Council and the River Board. As a result of a meeting between officials of the three authorities, it was agreed to recommend that the scheme for the part of the village South of the River Rother should be deferred until the river bridge was widened or rebuilt. Revised drawings for this part of the scheme were in hand at the end of the year.

Repairs and renewals to the distributors on one of the filters at the Petworth northern outfall works were completed during the year. Some further repairs, mainly to brickwork of tanks and filters, remain to be done during 1956.

A length of sewer in Angel Street, Petworth, was found to be blocked and was opened after being unsuccessfully rodded. About seventeen yards of nine inch sewer was relaid, having become broken or out of alignment due to settlement.

Cesspools:

The rate-born service for the emptyings of cesspools in the rural district, which the Council first commenced in April, 1954, continued to function smoothly. The Council does not own a cesspool emptying machine, and employs a private firm, - Southern Counties (Cleansing) Service Ltd. Under this service, all domestic cesspools or septic tanks are now emptied up to four times per annum free of charge; any emptyings required in excess of this number are charged for at cost, as also are emptyings of farm (cowshed) cesspools, and cesspools serving dwelling-houses which are within 100 feet of a public sewer.

The total number of loads removed from cesspools during the year was 1,276, a monthly average of 106. This shows an increase of thirty on the previous year's monthly average of seventy-six, and it seems likely that this figure will continue to rise as the service becomes more widely known and appreciated.

Public Cleansing and Salvage:

The refuse collection service covers the whole of the District with a frequency of collection of twice weekly in the central part of Petworth, once weekly in the outer parts of the town, and fortnightly in all other villages. The more remote dwellings are visited once monthly or by arrangement, providing there is suitable vehicular access. Householders are required to place refuse containers near to the entrance gate of their dwelling, except where one entrance serves several houses, or where application has been made on the grounds of old age and infirmity of the occupants. These cases are investigated and instructions given to the dustmen to collect from back doors in suitable cases.

The reserve Dennis side-loading vehicle was brought into use for a fortnight when the S. & D. refuse vehicle was involved in a collision with a lorry and had to be returned to the makers for repair.

The quantity of refuse to be collected continues to rise, and with the additional work when the new housing estates at Bury, Loxwood and Plaistow are completed the service will be beyond the capacity of one vehicle. The Council has therefore given instructions for the reserve Dennis to be completely overhauled and made ready to be put into regular service in April, 1956, when it will be used to relieve the S. & D. on the heavier collection days.

The Council has considered the question of requiring every householder to provide a regulation dustbin and has given instructions for this to be done.

All refuse is tipped in a disused stone pit in a central position of the Rural District, near Petworth, and is covered with earth and builder's rubbish when available. Fly infestation of the refuse tip is kept under control by weekly spraying with tip dressing during the months of April to October.

Public Cleansing and Salvage (Cont'd.):

Waste paper is collected at the same time as refuse and is conveyed in a separate compartment in the refuse vehicle to a central baling depot in Petworth. Loose tins ("black scrap"), scrap iron, rags and other salvage are sorted out at the refuse tip where they are stored pending removal by the respective dealers. The most notable item of salvage is waste paper, the value of which has doubled since last year, partly on account of better prices and partly because of an increase on the amount salvaged.

The details of the salvaged materials collected and sold during the year, and the statistics relating to the S. & D. rear-loading moving floor refuse vehicle, are given in Appendices II and III at the end of this report.

SANITARY INSPECTION OF THE DISTRICTHousing Act, 1936:

While steady progress on the repair and reconditioning of unfit properties has continued during the year, many cottages on which undertakings to carry out works under Sections 11 and 12 of the Housing Act, 1936, have been given, are still vacant. These cottages will not now be relet until made fit to the Council's satisfaction.

No new Council houses were completed during the year, but houses were in an advanced stage of construction at Loxwood and Bury, and site-works for the housing estate at Plaistow were nearing completion. Twenty-six houses were completed under private enterprise.

Twenty-five applications were received for grant under the Housing (Repairs and Rents) Act, 1954. Twenty-four applications relating to thirty housing units were approved for grant and in two cases grant was refused.

No applications for Certificates of Disrepair under the Act were made to the Council during the year.

Total number of dwellinghouses which were inspected during the year under the Public Health or Housing Acts 68

Total number of dwellinghouses which were inspected and recorded during the year under the Housing (Consolidated) Regulations 24

Total number of other housing visits made during the year 134

Sanitary Inspection of the District:Housing Act, 1936 (Cont'd.):

The following eight dwellinghouses have been made fit during the year as a result of formal action, taken after inspection of the houses during the Rural Housing Survey:-

Old Schoolhouse, Northchapel.				
Pond Cottage, Colhook, Northchapel.				
493 Sutton.				
Cherry Tree Cottage, Wisborough Green.				
Smale Cottage,	"	"		
Highfield Cottages,	"	"	(Two made into one)	
59/60 Duncton.			(" " " ")	
Fairhurst Cottages, Northchapel.			(" " " ")	

The following dwellinghouse, which was the subject of a Demolition Order, has been demolished during the year:-

214 Frith Copse, Northchapel.

Proceedings under Section 9 of the Housing Act, 1936.

Details of the notices served and complied with during the year, requiring the execution of works of repair to dwellinghouses, are as follows:-

Statutory notices served	Nil
Statutory notices complied with	Nil
Statutory notices outstanding	1
Informal notices served	8
Informal notices complied with	1
Informal notices outstanding	13

Proceedings under Section 11 of the Housing Act, 1936.

Number of dwellinghouses on which formal action was commenced during the year	14
---	----

Number of dwellinghouses in respect of which Demolition Orders were made	10
--	----

Number of undertakings given by owners and accepted by Council to carry out works to make houses fit for habitation	Nil
---	-----

Sanitary Inspection of the District:Housing Act, 1936 (Cont'd.):

Number of undertakings given by owners and accepted by Council not to relet after the expiration of the existing tenancy unless and until work has been carried out to make fit for habitation 1

Number of dwellinghouses made fit 7

Number of dwellinghouses demolished 1

Proceedings under Section 12 of the Housing Act, 1936.

Number of dwellinghouses on which formal action was commenced during the year 4

Number of dwellinghouses in respect of which Closing Orders were made 2

Number of undertakings given by owners and accepted by Council not to relet after the expiration of the existing tenancy unless and until work has been carried out to make fit for habitation 1

Number of dwellinghouses in respect of which Closing Orders were terminated after being made fit for habitation 1

Public Health Act, 1936:

Details of the notices served, etc., during the year requiring the execution of works are as follows:-

Statutory notices served	21
Statutory notices complied with	16
Work carried out by Council in default of owner	Nil
Statutory notices outstanding	5

Informal notices served	120
Informal notices complied with	126
Informal notices outstanding	54

Inspections carried out under the Public Health Act, etc., included:-

Water supply	604
Water samples taken	230
Drainage	293

Sanitary Inspection of the District:Public Health Act, 1936: (Cont'd.):

Sewerage	464
Refuse collection	130
Refuse disposal	74
Public Conveniences	88
Cemeteries	31
Petroleum storage	62
Miscellaneous sanitary visits	41

Samples of water were taken from the River Rother and submitted for bacteriological examination. The reports on these samples left no doubt that the river water is heavily polluted with Faecal B. Coli. and the Council, on the advice of the Medical Officer of Health, gave instructions that notices, warning of the danger of river bathing, be erected at the places used for bathing.

Camping Sites and Moveable Dwellings.

Camping sites licensed	Nil
Moveable dwellings licensed	22
Number of inspections made	55
Informal notices served	4
Informal notices complied with	5
Informal notices outstanding	Nil

Dirty and Verminous Premises.

<u>Lice:</u>	Number of houses inspected	1
	Number of visits of inspection	2
	Number of rooms fumigated	2
<u>Fleas:</u>	Number of houses inspected	2
	Number of visits of inspection	4
	Number of houses disinfested	2
<u>Dirty Houses:</u>	Number of houses inspected.....	1
	Number of visits of inspection	1
	Number of houses cleansed	Nil

Following complaints, visits of inspection were made and subsequent treatments were carried out at four cottages where abnormal numbers of cluster flies were found to be infesting the roof spaces of the cottages.

Prevention of Damage by Pests Act, 1949:

One full-time Rodent Operator is employed by the Council and he has continued his routine survey of the District. In cases where rats are found, treatments are made free of charge at domestic premises, but a charge for labour and materials is made where treatments are carried out at business premises. The number of complaints received and requests for treatment fell to half those of the previous year.

"Warfarin" rat poison is now used exclusively by the Department, and has been found to give most satisfactory results. Being a slow acting poison, dead rats are rarely found after treatment, but the simplicity of the method makes it ideal for use by the occupiers of farms and similar premises, and advisory leaflets on the use of this poison are available on application to the Department.

Visits of inspection are made when threshing operations are noted in order to ensure that the provisions of the Act are complied with.

One treatment of the Council's refuse tips was found necessary and was carried out in August with very good results. Test baiting of the sewers at Petworth, Northchapel and Wisborough Green was carried out in June. Bait was laid on the benching of 10% of the manholes in each system, and was inspected two days later. In no case was the bait eaten and further treatment was considered unnecessary. Minor infestations of rats at Petworth and Wisborough Green sewage disposal works were also dealt with during the year.

Summary of Visits and Treatments:

Number of inspections made	2,865
Number of complaints received	105
Number of infestations found	683
Number of treatments carried out	651
Estimated number of rats and mice killed	3,600
Gross cost of service for one year	£683
Bait used	11 $\frac{1}{4}$ cwts.
Cost per rat killed	3/9d.
Bait take per rat killed	5 $\frac{1}{2}$ ozs.
Informal notices served	3
Informal notices complied with	3
Informal notices outstanding	Nil

Food and Drugs Act, 1938:

Regular visits of inspection have been made to food premises of all types, and improvements have been effected to some as a result of informal action.

Details of the food shops in the District are as follows:-

Butchers' shops	11
Grocers' shops	35
Catering establishments	7
Fishmongers' shops	2
Greengrocers' shops	1
Total number of visits of inspection made to the above premises	54
Licensed premises	29
Number of visits of inspection	3
Bakehouses.....	8
Number of visits of inspection	19

Premises Registered under Section 14 of the Food & Drugs Act, 1938.

Manufacture of sausages, etc.	11
Manufacture of ice-cream	Nil
Sale of ice-cream	28
Number of visits of inspection	28
Informal notices served	5
Informal notices complied with	3
Informal notices outstanding	21

Four samples of crystalline egg albumen, used by bakers in the confectionery trade, were submitted for bacteriological examination and were all reported to be free from pathogenic organisms.

Meat and Other Foods:

Provisional licences were in force for three slaughterhouses at the beginning of the year. When these expired on 30th June, 1954, two of the applications for slaughterhouse licences were granted and one application was refused.

Two of the slaughterhouses have been in regular use during the year for the slaughter of pigs, sheep and calves but no beasts have been slaughtered on these premises during the year. Every effort has been made to ensure that the carcasses of all animals slaughtered are inspected.

Food and Drugs Act, 1938 (Cont'd.):Meat and Other Foods (Cont'd.):

Galvanised iron dustbins are provided at each slaughterhouse for the reception of diseased meat, which, after being coloured, is removed by the Council's workmen and disposed of by burying at the refuse tip.

Meat Inspection:

Details of the carcasses inspected and the parts rejected as unfit for human consumption are as follows:-

Inspected

Beasts:	Total number inspected	...	Nil
Pigs:	" " "	...	184
Sheep:	" " "	...	3
Calves:	" " "	...	8
Total:			<u>195</u>

Condemned as unfit

	<u>No.</u>	<u>Part</u>	<u>Disease</u>
Pigs:	1	Carcase and organs.....	Septicaemia
	1	Liver	Tuberculosis
	1	Lungs	"
	2	Mesenteries	"
	1	Loin	Lipoma tumour
	6	Kidneys.....	Nephritis
	3	Livers	Hepatitis
	8	Lungs	Pleurisy and Pneumonia
	1	Lungs	Abscesses
	5	Hearts	Pericarditis
Calves:	2	Hindquarters and Stifle	Rupture
	1	Lungs	Tuberculosis
	2	Kidneys	Nephritis
Sheep:	2	Legs	Bruising
	1	Liver	Fluke

The following foods have been inspected at food shops and found to be unfit for human consumption, and were surrendered for destruction:-

Food and Drugs Act, 1938 (Cont'd.):

Canned Meat	128 lbs.
Frozen Whole Egg	28 lbs.
Fresh Fish	21 lbs.
Canned Fish	2 tins.
Canned Vegetables	7 tins.
Canned Fruit	13 tins.
Canned Milk	8 tins.

The foods were disposed of in the same manner as diseased meat.

Milk and Dairies Regulations, 1949.

Number of premises registered as dairies	9
Number of retail purveyors	12
Number of Licences issued to retail T.T. milk	11
Number of Licences issued to retail Pasteurised milk	8
Number of Licences issued to retail Sterilised milk	3
Number of inspections of dairies, vehicles, etc.	18
Total number of milk samples taken during the year	127

Results of samples:

(a) Biological Milk Samples:-

Samples procured 1955	101
" found to contain M. tuberculosis	1
" " " " Brucella:-	
(a) militensis	Nil
(b) abortus	13
Samples reported Satisfactory	82
Void samples	5

(b) Statutory Milk Samples:-

Samples procured	26
Methylene Blue Test:-	
Samples reported Satisfactory	19
" " Unsatisfactory	1

Phosphatase Test:-

Samples reported Satisfactory	6
Unsatisfactory	Nil

The organised sampling of milk for biological examination was continued during the year. Samples were taken at the farms of producers whose milk was despatched to collecting Depots outside the County. The aim is to obtain 6-monthly samples from each of such producers and 3-monthly samples from producer-retailers.

Food and Drugs Act, 1938 (Cont'd.):

Where tuberculosis is isolated in the sample, notification is sent to the County Veterinary Officer and prompt action is taken to remove for slaughter the animal responsible, under the provisions of the Tuberculosis Order of 1938.

The samples submitted for biological examination are now examined for the presence of Brucella and it is the practice to notify farmers of positive Brucella reports, recommending inoculation as a means of preventing the spread of infection.

Factories Act, 1937.

Number of premises registered as factories:-

- (a) With mechanical power 35
- (b) Without mechanical power ... 25

Number of outworkers 4

Number of inspections made 19

Summary of Work carried out after Formal or Informal Action by Sanitary Inspector.

New drains laid	25
Drains repaired	5
Choked drains cleansed	10
New cesspools or septic tanks provided	6
Overflowing cesspools cleaned out	7
Accumulations removed	2
Insanitary closets abolished	13
Pail closets converted to water-closets	12
New sinks provided	10
Houses connected to mains water	72
Roofs renewed	4
Roofs repaired	5
Dampness remedied	8
Floors repaired or renewed	19
Staircases renewed	5
New foodstores provided	7
Plasterwork repaired	17
Miscellaneous housing defects remedied	4
Dirty or verminous premises cleansed	7
Leaking water pipes repaired	10
Dustbins renewed	50
Wells cleaned out	4

PETROLEUM LICENSING:

With the assistance of the Fire Prevention Officer of the West Sussex County Fire Brigade, a comprehensive survey has been carried out of every petroleum storage installation in the District. As a result of the inspections then made, the Council issued notices to licence holders giving details of the defects or omissions relating to the installations and requiring that these must receive attention before the next annual licence would be granted. At the same time, licencees were given notice of particular pumps which do not comply with Home Office Circular 198/47 (flame-proof construction) and warned that these pumps must be modified or renewed before 1st January, 1960, when the Regulations governing flame-proof construction of pumps come into force.

The majority of the omissions were in respect of notices, warning customers to switch off engines and refrain from smoking while filling was in progress.

Number of installations inspected	32
Number of installations found to be satisfactory in all respects	2
Number of installations where defects or omissions were discovered	30

Appendix 1Water Supply - Annual Statistics.Year ending 31st December.

	1954	1955
Quantity of water pumped	162,362,000 galls.	175,094,000 galls.
Total time of pumping	6,410 hours.	6,642 hours.
Average quantity pumped per hour	25,329 galls.	26,361 galls.
Total amount of heavy diesel oil consumed	21,600 galls.	21,740 galls.
Amount of heavy diesel oil consumed per hour	3.37 galls.	3.273 galls.
Gallons of water pumped per gallon of diesel oil consumed..	5,967 galls.	5,950 galls.

Diesel engines raised a total of 129,363,000 galls. water.
 Electric motors raised a total of 45,731,000 galls. water.

The boreholes supplied 92,988,000 galls. water.
 The supplementary spring supplied 55,030,000 galls. water.
 The Haslingbourne spring supplied 27,076,000 galls. water.

Number of K.W.H. (units) used for pumping (rising main and supplementary spring) 220,876 units.

Number of gallons of light diesel oil used for pumping (Haslingbourne spring only) 920 galls.

Number of gallons of lubricating oil consumed 190 galls.

Rainfall for year (recorded at pumping station) 27.995 inches.
 Rainfall for previous year 36.84 inches.
 Average rainfall for previous ten years 34.42 inches.

Appendix IISalvage - Annual StatisticsYear ending 31st December, 1955.

Item	Weight				Value		
	Tons	cwts.	qrs.	lbs.	£.	s.	d.
Scrap iron	14	2	2	-	42.	7.	6.
Light steel scrap	19	8	-	-	58.	4.	-.
Non-ferrous metals		4	3	7	25.	7.	6.
Baled waste paper	72.	7	1	-	563.	8.	8.
Rags	2	-	1	24	40.	9.	-.
Other scrap		1	-	-	2.	-.	-.
Totals:	108	4	-	3	£731.	16.	8.

Appendix IIIRefuse Vehicle - Annual Statistics

The statistics relating to the refuse collecting vehicle for 1955, and for comparative purposes for 1953 and 1954, are as follows:-

	1953	1954	1955
Average number of loads collected and conveyed to refuse tip per week	10.8	11.5	12.5
Miles run per week	164	170	187.1
Petrol used per week (gallons)	25.3	26.2	29.4
Miles per gallon	6.73	6.48	6.37

PARISH	TOTAL NO. INSPECTED	Provisional Categories										
		1.	11		111		1V	No.	V			
			No.	Formal.	Made Fit.	Informal.			No.	Formal.	Made Fit	Informal
Barlavington	20	1	-	-	-	13	-	-	1	6	4	-
Bignor	34	6	2	-	-	20	-	-	-	6	2	-
Bury	75	6	12	-	-	45	-	4	6	12	4	-
Duncton	54	1	5	-	-	36	-	2	2	12	6	-
Fittleworth	129	6	8	-	-	75	-	7	10	40	14	1
Kirdford	123	10	8	-	-	52	2	5	4	53	7	3
Loxwood	151	22	16	-	-	52	-	12	15	61	8	2
Northchapel	140	4	6	-	-	88	-	5	8	42	18	2
Petworth	317	18	30	-	1	222	1	25	12	47	9	1
Plaiستow	82	4	5	-	-	51	1	5	2	22	3	1
Stopham	29	3	-	-	-	13	2	2	-	13	1	-
Sutton	43	1	1	-	-	22	-	4	-	19	6	-
Wisborough Green	163	20	15	-	-	82	-	11	8	46	12	-
TOTALS:	1360	102	108	-	1	771	6	82	68	379	94	10

Categories:

1. Fit in all respects.

111. Requiring structural alteration or repair.

11. Minor defects only.

V. Unfit and not repairable at reasonable expense.

IV. Suitable for reconditioning.

PARISH	<u>No. of Undertakings to carry out works.</u>		<u>No. of Closing Orders.</u>		No. of undertakings not to relet at expiry of existing tenancy.	<u>No. of Demolition Orders.</u>		No. of houses demolished.	No. of Under-takings expired and no work carried out.	D.O's or C.O's in operation and houses still occupied.
	<u>Accepted by Council.</u>	<u>Works Comptd.</u>	<u>Made by Council.</u>	<u>Terminated after house made fit.</u>		<u>Made by Council.</u>	<u>Suspended after house made fit.</u>			
Barlavington	2	1	-	-	-	4	4	-	1	-
Bignor	2	2	-	-	1	3	-	-	-	2
Bury	6	4	1	-	4	1	-	-	2	2
Duncton	11	5	1	-	-	-	-	1	4	-
Fittleworth	15	5	2	1	2	15	9	4	5	3
Kirdford	17	5	6	-	5	19	2	2	5	5
Loxwood	12	8	5	-	5	14	-	3	-	5
Northchapel	30	17	5	-	4	3	-	1	13	3
Petworth	15	8	6	-	14	6	-	1	6	1
Plastow	3	2	4	2	5	7	-	1	1	1
Stopham	7	1	-	-	-	6	-	-	3	3
Sutton	16	6	2	-	-	-	-	-	8	1
Wisborough Green	22	10	6	-	4	11	1	3	10	3
TOTALS:	158	74	38	3	44	89	16	16	58	29

Note: In 16 cases, 2 cottages have been made into 1: each included as 1 cottage made fit although inspected and recorded as 2 cottages.

APPENDIX 'A'GENERAL PROVISION OF HEALTH SERVICES IN THE AREAA. By Local Health Authority.

The following is an account of the Services provided, in the area of the Combine, by the West Sussex County Council as Local Health Authority.

(a) Nursing: The West Sussex County Council employs District Nurses, Midwives, Health Visitors and School Nurses. In the villages it is usual for the duties of the Health Visitor and School Nurse to be carried out by the District Nurse. In Horsham and Crawley the Health Visitors act as School Nurses, but District Nurses and Midwives operate separately.

(b) Maternity and Child Welfare: Infant Welfare Clinics are held as follows:-

1. Horsham - at Health Centre in Hurst Road. Sessions are held twice weekly, on Wednesdays and Fridays, at 2.30 p.m., a doctor being in attendance on the latter.
2. Horsham - Leechpool Lane. Fortnightly sessions are held on Wednesdays, with a doctor in attendance.

Both these clinics are available to residents from the adjoining parishes, as well as to those living in the town.

3. Crawley - Congregational Church Hall, Robinson Road. Sessions are held each Tuesday from 2. 0 p.m., a doctor being in attendance fortnightly.
4. Crawley - Langley Green. Here the Centre is situated in the new building adjoining Langley Green School. Sessions are held weekly on Wednesdays from 2. 0 p.m. A doctor is in attendance on the first and third Wednesdays.
5. Crawley - Three Bridges. The Centre is at Jubilee House, sessions being held twice weekly (Monday and Thursday) from 2. 0 p.m. A doctor attends on the first and third Mondays and the second and fourth Thursdays of each month.
6. Billingshurst. The Centre is situated at the Women's Hall, with sessions on the first and third Tuesdays in each month from 2.30 p.m. A doctor attends on the third Tuesday.
7. Petworth - High Street Clinic. Fortnightly sessions are held on Fridays from 2.30 p.m., a doctor being in attendance.

8. Northchapel. Monthly sessions are held at the old school on the first Thursday in each month from 2.30 p.m. when a doctor is present.
9. Loxwood. Monthly sessions are held on the first Tuesday in the month, in the Village Hall, with a doctor in attendance.

In addition to the above, "Weighing Centres" are held at Broadbridge Heath, Colgate, Partridge Green, Rudgwick, Rusper, Southwater, Strood Park Camp, Warnham and Kirdford.

Ante-Natal Clinics.

1. Horsham Health Centre. Fortnightly on Tuesdays at 2.30 p.m.
2. Horsham - Leechpool Lane. Sessions are held fortnightly on Wednesdays from 2.30 p.m.
3. Crawley - Congregational Church Rooms. Sessions held on the first Monday in each month from 2.30 p.m.
4. Three Bridges - Jubilee House. Sessions on the first Thursday in each month, and the second Tuesday, a doctor attending monthly. Sessions held by the Midwives on the first and third Tuesdays, the time of attendance in all cases being 2.30 p.m.
5. Billingshurst. Clinic held at the Women's Hall, on the first Tuesday in each month at 2.30 p.m.
6. Petworth High Street Clinic. A Midwives session is held fortnightly at 2.30 p.m.
7. Northchapel. A monthly session is held at the old school, on the first Thursday at 2.30 p.m., with a doctor in attendance.

(c) School Health Service: Regular inspections of children are carried out at all the schools by the District M.O.H. and other School Medical Officers in the service of the County Council.

Clinics are held as follows:-

Horsham Urban District.

At the Health Centre in Hurst Road - Minor Ailment, Eye, Orthopaedic, Physiotherapy, and Speech Clinics.

Two Dental Surgeons operate from the Health Centre, where regular sessions are held for the treatment of children with defective teeth. Orthoptic Clinics are held in the building but are under the control of the Horsham Hospital Management Committee.

Regular Diphtheria Immunisation sessions are held at the Health Centre, but in addition visits are made to various schools, when the numbers to be dealt with are sufficient to justify this.

At the Leechpool Lane Clinic, Minor Ailment Clinics are held for school children for cases that can be dealt with by the School Nurses, and regular Diphtheria Immunisation sessions are held.

Horsham Rural District.

The above facilities are available to children from the adjoining parishes of the rural district.

In addition regular Minor Ailment Clinics are held at Crawley, together with Eye, Orthopaedic and Physiotherapy Clinics. Diphtheria Immunisation sessions are held at Robinson Road, Three Bridges, and at Langley Green. Dental Clinics are held at schools and at various Centres in the town.

Petworth Rural District.

The following clinics are available for children resident in the district:-

Eye Clinics are held at Chichester and Midhurst.

Speech Therapy at Chichester or Petworth.

Orthoptics at Chichester.

Orthopaedic facilities at Chichester.

Physiotherapy Clinics at Petworth as required.

Dental Clinics are held at various schools and Centres.

Diphtheria Immunisation at the various schools and Centres throughout the area.

(d) Ambulance Service: The operation of the Ambulance Service in the area is carried out by the St. John Ambulance Brigade, acting as agents for the County Council. Calls for an ambulance are made through the doctor or nurse in attendance on the case or through the police or members on duty in case of accident and other emergencies.

At the Horsham Headquarters three paid drivers and a mechanic are employed, but in addition considerable voluntary work is carried out in connection with the operation of the service by members of the Ambulance and Nursing Divisions. In Crawley there are now three vehicles, with paid drivers, but attendants are provided by the Crawley Nursing Division of St. John. In Petworth there is one ambulance, with a paid driver and voluntary attendants.

The Hospital Car Service for both Horsham and Crawley is controlled from the Headquarters of the Horsham Division of St. John, - another example of valuable voluntary effort.

(e) Home Help Service: This is controlled by the Women's Voluntary Services on behalf of the County Council. The value of this work cannot be over-estimated.

B. Other Facilities.

(i) Hospital and Specialist Services: A comprehensive hospital and specialist service is provided by the Regional Hospital Board. Hospital accommodation of a private nature is available in certain circumstances, subject to appropriate charges.

(ii) General Medical and Dental Services: Everyone is entitled, as part of the arrangements of the National Health Service, to general medical and dental care. Local arrangements for these services are organised through the National Health Executive Council for West Sussex, 175, Broyle Road, Chichester.

(iii) Horsham Chest Clinic: This is held partly in Horsham Hospital and partly in the adjoining Health Centre, and is available to all residents in the area.

(iv) Venereal Diseases: Patients may attend the Clinic at the Worthing Hospital or at the Royal Sussex County Hospital, Brighton. Treatment is confidential and times are as follows:-

Royal Sussex County Hospital

Men - Mondays, Thursdays and Saturdays 1.30 to 4.30 p.m.

Women - Tuesdays 1.30 to 4.30 p.m.
Thursdays and Saturdays 10a.m. to 1 p.m.

Worthing Hospital

Men - Wednesdays 5.30 to 6.30 p.m.
Fridays 4.30 to 5.30 p.m.

Women - Wednesdays 3 to 5 p.m.
Fridays 2 to 4 p.m.

APPENDIX 'B'FOOD POISONING.SPECIAL REPORT OF MEDICAL OFFICER OF HEALTH.

I thought it well to commence this report with an explanatory note on food hygiene. Following this note, details will be found of the administrative arrangements for the investigation of the cause of an outbreak.

Explanatory Note.

Consideration of the development of the Public Health Services during the last century shows that progress has been somewhat erratic. In the early days attention was largely focused upon the removal of gross sanitary defects such as bad sanitation and defective water supplies, and later on the control of infectious diseases. There was a tendency to overlook some obvious sources of danger, of which perhaps the most striking is unsafe food, and grossly dangerous conditions were tolerated until quite recent times. It is safe to say that this neglect is now being remedied and adequate control measures have been put in hand. This improvement resulted from a number of factors, but interest had been stimulated by the mounting toll of food poisoning outbreaks. A number of Working Parties were set up, each of which furnished a report showing the extent of existing faults and the necessary remedies, usually recommending additional legal powers. However it is obvious that much more is involved than new legislation, for sustained improvement can only result if three factors operate, - (a) a public sufficiently educated in food hygiene to appreciate the importance of adequate care of food at all stages; (b) all persons concerned with the handling of food at any stage to be imbued with the dangers which may arise from contamination, and instructed how to prevent this; (c) efficient legal powers so that the minority who will not conform can be made to realise that they are not wanted in the food trade.

Unfortunately many people have a wrong conception of the work of Health Inspectors, imagining that they operate on police lines, thirsting to catch defaulters and to haul them to court and to punishment. In reality the position is quite different. An efficient Health Department likes to have adequate powers on the Statute Book, for these are essential for its work, but equally the ideal is rarely to use them, for numerous prosecutions are a sign that something is wrong in their methods. The most profitable path of progress is along lines of help, encouragement, stimulation, and at times admonition, all the time guiding defaulters along the way they should go. Legal powers should remain in the background to stimulate effort.

The most important factor is most undoubtedly education, and education in its widest possible sense, for it includes the officials, the food

workers, food managers, - and the general public. The Inspector needs it because he must have at his finger tips knowledge why certain things are right and others dangerous. The food handlers must acquire the essentials of sound methods so that correct reactions become second nature. The public must be taught to restrict, as far as possible, their custom to those who practise sound hygienic methods, and to support with intelligence local efforts to improve food conditions.

Food Hygiene should be regarded as embracing all aspects of the handling, distribution, preparation and serving of foodstuffs. Only too frequently food hygiene is apt to be identified only with the prevention of food poisoning, but this is entirely wrong. Food poisoning is one of the many results which can follow faulty methods in the field of food hygiene. It is certainly an important aspect of the problem, but it is by no means the only aspect. Food hygiene is very largely a matter of safe clean food. Since germs are mainly responsible for the damage done by food, and since such germs must frequently find their way into food through faulty practices during preparation, handling or distribution, anything which can be done to improve such methods is obviously important. Food hygiene should ensure that foodstuffs come to the consumer in as nutritious and wholesome a form as possible, for anything short of this ideal represents a waste of valuable material. It is obvious that this is a subject which should interest every member of the community. Food handlers, of whom there are more than 250,000 in this country, are most intimately concerned, and it would not be too much to say that the health, if not the lives, of millions of people literally lies in their hands. The central government, together with the various health and sanitary authorities, are keenly interested. The housewife must be concerned, for the health of her family may well depend on the methods adopted in the home. Even the ordinary member of the public who has to take his food, either regularly or now and again, in cafes, canteens or the like, should take a lively interest in food hygiene which may vitally affect his or her welfare. Unless and until every section of the community is determined that the food prepared and consumed in this country reaches the highest possible standard, and unless the community is prepared to insist upon the maintenance of these standards, we will fall short of our ideal. It is a disturbing fact that the standards in Great Britain appear to have declined since the last war. We know that visitors to these islands now tend to complain of the standards which they meet, and considering that Great Britain has always been recognised as a pioneer in the field of public health, this is indeed an unfortunate situation.

It must again be repeated that a widespread public demand for cleaner food is necessary. Until this demand is made and met, and until everyone realises that food hygiene is well-nigh as important as fresh air and sunlight, we cannot expect satisfactory results.

The science of bacteriology was born during the latter half of the nineteenth century. Among many other germs the organisms of diphtheria and typhoid fever were first identified, and the earliest steps were taken to build up a science which is now of the greatest value to medicine. The work of the bacteriologist is vital to the determination of the cause of food poisoning, together with the methods by which the harmful effects can be predicted and prevented. In the main, food poisoning is caused by bacteria or germs. It was formerly thought that metallic poisons were responsible for a fair proportion of the cases of food poisoning, and it was also believed that the poisons or toxins of unidentified germs caused what was then known as "Ptomaine Poisoning", the latter condition being attributed to "decomposing" food. We now know that this view was incorrect. While metallic poisoning does occur it is a very rare condition. Modern methods of preserving and canning food have reduced the risk from canned food to a minimum, while metallic food poisoning from utensils such as saucepans can almost be ignored. The term "Ptomaine Poisoning" should now never be used, for in almost every instance the toxin or poison produced can be traced to some specific germ.

The organisms which cause food poisoning fall mainly into three groups, -

(a) The Salmonella Group. This group is responsible for the majority of food poisoning outbreaks reported in this country, but it has been found to include over 200 types of organism, each with its special distinguishing points. The usual signs and symptoms are diarrhoea, abdominal pain, occasional sickness or nausea and headache, with a rise of temperature. Symptoms usually occur 12 to 36 hours after consumption of the affected food, but may be delayed for some days. Whereas illness seldom lasts for more than three days, severe cases may be indisposed for several weeks and it is important to realise that infection can persist in the bowel for some weeks after apparent recovery.

(b) The Staphylococcal Group. This second category of food poisoning usually leads to symptoms appearing quickly, usually within six hours. The patient frequently becomes acutely ill, but symptoms often disappear within 24 hours. The symptoms are, in fact, very like those of acute sea-sickness. The staphylococcus, particularly the most common type met with in outbreaks, is responsible for many skin infections such as boils and abscesses. It is also present in the noses of many apparently healthy persons. Food poisoning of this kind is most frequently caused by food being infected from cuts and wounds, even though these may not appear to be septic. Infection can also be spread by individuals who harbour the germs, coughing or sneezing over food and handling food after touching their noses.

(c) Indeterminate Group. This third category can be produced by a large variety of organisms, some of which may be heat resisting and spore-bearing. For this reason infected articles may be resistant even to boiling. Early in the war, when communal feeding was rapidly extended,

there were a number of outbreaks reported which were due to this group, but of recent years the proportion has been cut down considerably owing to the better methods adopted in school canteens and the like. It is now generally realised that meat dishes, particularly when cooked in large containers, should be freshly prepared and not "warmed up" on the day following their original preparation.

(d) Other Organisms. Apart from the above organisms which cause acute food poisoning, many other disease-producing germs may be spread by means of food. Among the most serious of these are the typhoid and paratyphoid organisms, but in addition the germs of dysentery may produce the signs and symptoms of food poisoning. Sonne Dysentery, which is very infectious, has become steadily more prevalent during the last decade. This disease can be spread by food, although it is now realised that such an occurrence is rare. Scarlet fever, diphtheria and tuberculosis may also be spread by the presence in the food of the organism responsible for producing the disease concerned, but the likelihood of any outbreak of these diseases has been greatly diminished as a result of the widespread adoption of pasteurisation of milk.

Food Poisoning.

It is not possible to obtain accurate information as to the number of individual cases of food poisoning which occur in Great Britain during any one year. Many cases are of so mild a nature that a doctor is never summoned. It is the duty of every medical practitioner to notify his local Medical Officer of Health of any cases of food poisoning which occur in his practice, but many mild cases are not notified. If a patient presents himself to his doctor with the symptoms of gastro-enteritis, it may not be possible for the doctor to confirm that his symptoms are due to food poisoning unless his suspicions are aroused by meeting a number of cases at the same time. Thus the total number of cases of food poisoning officially stated to have occurred in a given period can never be said to paint an accurate picture of what is happening in the community. On the other hand, more accurate information is available as to the number of outbreaks of food poisoning which occur in any year. This figure has shown a steady rise since 1938, when approximately 80 outbreaks were reported, and in 1950 the figure was nearly 4,000. While this apparent increase may be due partly to more accurate and complete recording, this explanation certainly does not tell the full story. There are believed to be three main reasons for the rise:-

(a) Many individuals who formerly had their meals at home now dine in cafes, restaurants or canteens, - the father at his place of work, the mother perhaps in a cafe, and the children at school. Whenever large numbers of people dine together, the chance of an outbreak occurring is increased, for the very good reason that more people are at risk and likely to be affected. If a family eats poisoned food, the outbreak will probably be confined to that particular family. If, however, poisoned food is served to 500 people in a canteen, there is every chance that

several hundred individuals will be affected.

(b) There has been a great increase in the consumption of "prepared" dishes, and the types of food now eaten are particularly liable to become infected.

(c) The third undoubted reason is the fact that standards of personal cleanliness have tended to decline since the war.

There are four vitally important factors in the catering and storage of food. The first three refer to conditions affecting the rate at which microbes multiply, whereas the fourth relates to the provision of foodstuffs which are exposed to special risks. These factors are -

- (a) Time
- (b) Temperature
- (c) Moisture
- (d) Specific foods liable to dangerous bacterial contamination.

(a) Time.

With regard to time it must be remembered that a single germ can multiply to more than 2 million germs in approximately 7 hours. This time factor was well illustrated in an outbreak of food poisoning which occurred a few years ago in a Nottinghamshire mine. The workers in this particularly mine operated a three-shift system, and were supplied with pressed beef sandwiches prepared in the canteen. The first shift consumed the sandwiches approximately 7 hours after preparation; none of them were affected. The second shift consumed the sandwiches 14 hours after preparation; again no one was affected. The third shift ate the sandwiches 21 hours after preparation; all the men were attacked by an acute type of food poisoning due to the staphylococcus. When the outbreak was investigated it was found that one of the canteen workers who had helped to prepare the sandwiches had an uncovered septic cut on one of her fingers, and laboratory investigation showed that one of the sandwiches was heavily infected with the same type of organism as was found in the wound. From this it will be seen that 20 hours had to elapse in this instance before disease producing organisms, transferred from the finger to the food, were present in sufficient numbers to produce poisoning.

We now eat many types of pre-cooked dishes which may stand for many hours, sometimes even days, before being consumed. If foodstuffs of this type, e.g. brawn, sausages, pies, etc. are not properly protected against contamination, the danger will increase.

(b) Temperature

The germs which cause food poisoning multiply best at the temperature of the human body. High temperatures will kill most germs, while low temperatures will seldom kill organisms. On the other hand it is vitally important to remember that low temperatures will slow or stop the growth of germs and will therefore prevent dangerous multiplication. Refrigerators can no longer be considered a luxury but should be present as a necessity in every cafe, canteen, restaurant and shop, which deals with foods of this type. It is certainly a cause for regret that refrigerators should be subject to purchase tax. Approximately half of the cases of food poisoning reported occur during the months of July and August, normally the warmest period of the year. This again points to the part which temperature can play in the causation and spread of food poisoning. It is also known that the use of hot-plates in restaurants and cafes has frequently proved to be a potent source of mischief; - it will be remembered that this point has been covered under the new Food Hygiene Regulations.

(c) Moisture

It is believed that the amount of water in any food must be at least 10% of the whole before disease-producing organisms can grow. For this reason, dried and dehydrated foods are usually safe until water has been added. This was a most important point to remember in outbreaks of food poisoning during the war years, when imported dried egg powder was commonly used, but such preparations are now available, for the most part, only to the catering trades. Considerable interest has been taken in this matter during the last 12 months, owing to the importation from abroad of large consignments of egg albumen which was shown to have been contaminated by pathogenic organisms.

Broadly speaking it may be said that foods of the semi-solid nature are most favoured by organisms. Bread is too dry to encourage bacterial growth, although the wrapping of bread and its cleanly delivery to housewives is strongly to be recommended. Meat is usually thoroughly cooked and danger is normally avoided if this is eaten fresh. The most dangerous types of food as far as contamination is concerned are:-

(1) Milk and milk products. This group also includes synthetic cream, custard trifles, layer cakes, fillings and jellies. Only too frequently such commodities are liable to be kept for a considerable time at shop or room temperatures, frequently unprotected, before being eaten.

(2) Made-up dishes and cooked meat not eaten fresh. This includes pies, brawn, pressed beef, stews, sausages etc. One might mention here an epidemic which occurred some years ago when several thousand people, scattered over many parts of the country, were affected. This incident was traced to one individual who had several discharging boils on the arms,

the pus from which found its way into the material he handled. Meat pies lying in the window or on the counter of grocers' and butchers' shops are an abomination and should never be purchased!

(3) Gravies, soups and sauces. Although meat, when fresh, is seldom the cause of food poisoning, the gravy which accompanies the meat must always remain suspect. Sauces, which may be used several days after being mixed, come under the same heading.

(4) Duck Eggs. Duck eggs are notoriously more liable to cause disease than are hen eggs, and the duck is frequently a carrier of one particular variety of salmonellae. Duck eggs should be thoroughly washed before being used and should be hard boiled, - for not less than 12 minutes. They should not be used for making omelettes.

Investigation of Outbreaks.

1. Notification

The Food & Drugs Act 1938 provides that if a registered medical practitioner becomes aware, or suspects, that a patient whom he is attending is suffering from food poisoning, he shall send to the Medical Officer of Health for that district a certificate on the statutory form. The main object of this section of the Act is to ensure that the Medical Officer of Health is informed of the outbreaks of illness believed to have been caused by food.

Since 1949 Medical Officers of Health have been required to include cases of Food Poisoning in their weekly returns to the Registrar General, and also to make a quarterly return of the total of such cases, amended by reason of corrected diagnosis. (It is noteworthy that no cases of food poisoning have been notified from the Crawley area during the 17 years which I have been Medical Officer of Health to the district).

2. Investigation of Notified Cases.

This usually involves intensive inquiries at the homes and other places connected with the affected persons as well as the collection of suitable material for laboratory examination. At any stage of the investigation it may become possible to prevent further cases by stopping the sale of suspected food or by recovering unconsumed portions already sold.

Qualified Health Inspectors are fully competent to conduct a large part of these enquiries, but such matters as the differentiation of the different types of food poisoning, which can often be made on clinical grounds, and the collection of special specimens for examination from patients or suspected carriers of infection require medical training and knowledge. In any large outbreak, however, when the amount of such work

is likely to be beyond the medical resources of the Health Department concerned, assistance is readily available either from the Ministry of Health or from the nearest laboratory of the Public Health Laboratory Service. I am confident that in this area we would readily be given immediate practical assistance by the Medical Director of the Brighton Public Health Laboratory, or by his colleague from the Laboratory at Epsom.

Between the years 1940 to 1945, a branch of the Emergency Public Health Laboratory Service was operated at Christ's Hospital, Horsham, but this closed shortly before the end of the war and the work was transferred to Epsom. Until two months ago most routine public health specimens from Horsham and Crawley were submitted to the Epsom Laboratory, but a new scheme is now operating satisfactorily whereby specimens from Crawley are despatched by 'bus to the Brighton Laboratory. Owing to the close co-operation which exists, the specimens are collected on arrival at Brighton and reach the Laboratory with the minimum of delay.

In any enquiries into an outbreak of food poisoning, information is sought under the headings given below:-

1. Extent of Outbreak.

This is ascertained by means of visits to affected households and institutions, by enquiries of medical practitioners in the area, and from neighbouring Medical Officers of Health. A complete list of cases, notified or otherwise, is then prepared and includes ages and occupations.

2. Clinical Features of the Illness.

In each case a note is made of the date and hour of the first symptoms, the nature of the initial and subsequent symptoms, their severity, their duration, and whether accompanied by fever or followed by the development of certain other signs.

3. Evidence Implicating a Particular Food.

There should be made:- (a) a note of the date and hour at which the suspected food was consumed by each affected person; (b) a note of the persons at risk by consumption of the suspected food, but remaining unaffected; (c) a note of the persons taken ill at the same time who did not consume the suspected food.

4. Identification of the Agent Contaminating or Infecting Food.

Consideration here is directed to the type of agent which appears most likely in the light of the clinical features of the illness. Every effort is made to obtain any remaining articles of

food which may be suspected, as well as to collect specimens of faeces and vomit from those affected.

5. Source and Means of Contaminating Food by Chemical or Bacterial Agent Suspected.

Under this heading some indication of the likely source may be given by the epidemiology of the outbreak, i.e. its extent, the grouping of cases, the origin and distribution of the suspected food etc. All circumstances associated with the preparation, storage and distribution of food are investigated, and at the same time a careful enquiry is made with regard to the medical history of all persons associated with the preparation and distribution of the suspected articles. Routine laboratory tests are in all probability called for on persons associated with the suspected food, - often a matter of extreme difficulty which necessitates repeated visits.

Speed is essential in the investigation of any outbreak of food poisoning. As soon as an outbreak is confirmed, the Medical Officer of Health passes full information to all medical practitioners within the area concerned, in addition asking them to ensure that no vomit or left-over food is thrown away in any house they may visit. The Health Inspector sent to begin the investigation of an outbreak will concentrate on preventing any further consumption of suspected food and on arrangements for the collection and conveyance to the laboratory of samples of these foods as well as specimens of vomit and faeces from the persons affected. Close liaison is set up with the Public Health Laboratory concerned, full information as to the clinical features of the cases being made available to the Medical Director. Within 24 hours the laboratory is generally able to give a preliminary report that will help to direct further investigation towards tracing the source of contamination or infection.

In the event of any outbreak of food poisoning, the Medical Officer of Health for the area concerned is required to submit a full report to the Ministry of Health. Details of the headings under which this report is submitted are shown in the Appendix to this report.

Appendix

FORM OF REPORT USED FOR SUBMISSION TO THE MINISTRY
OF HEALTH IN THE EVENT OF AN OUTBREAK OF FOOD
POISONING.

1. Food causing outbreak. Agent causing outbreak.
2. Cases forming outbreak which occurred from _____ to _____

Total notified	Total ascertained	Fatal
----------------	-------------------	-------
3. Clinical features. Average interval ingestion to onset (Hrs.) = _____

Main symptoms, etc.		
Severity of illness.	Duration of illness.	
4. Results of laboratory investigation (Summary)

Cases	Food handlers	
Food samples	Other	
5. Origin and preparation of food causing illness.
6. Place at which food causing illness was consumed.

Estimated number of consumers at risk.
7. Probable origin of infection or contamination of food.

Contributory factors.

Notes.

1. Agent causing outbreaks when identified should be stated, i.e. chemical poison, type of salmonella organism, staphylococci, etc.
6. Place at which food causing illness was consumed should be stated, i.e. home, school, public restaurant, canteen or railway restaurant car, etc.
7. Contributory factors such as poor food storage facilities, lack of refrigeration should be stated if known.